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INTRODUCTION

Under the provisions of Title VI of the PHS Act enacted in 1946, Federal funds have been allocated annually to Montana and made available to local public and non-profit sponsors on a national basis for survey of existing hospitals and for construction of hospital and public health centers.

The Law required that a single state agency be designated to administer the program and that a state advisory council be appointed.

Prior to receiving Federal funds for construction each state must develop a State Plan for construction based on standards and definitions set forth in the Act and PHS Regulations, and on specific needs within the State as determined by surveys of existing facilities unmet needs. It is required that this Plan be amended each year to reflect changing conditions, refinements in planning, and to include all new construction of hospital facilities. This part of the Plan under the original Act will henceforth be known throughout the Plan as "Part C".

Annual allotments of Federal funds to Montana for hospital construction under Part C to date have been as follows:

Fiscal Year 1948.	\$231,530.00
Fiscal Year 1949.	\$224,137.00
Fiscal Year 1950.	\$345,499.00
Fiscal Year 1951.	\$200,000.00
Fiscal Year 1952.	\$207,113.00
Fiscal Year 1953.	\$200,000.00
Fiscal Year 1954.	\$200,000.00
Fiscal Year 1955.	\$228,439.00
Fiscal Year 1956.	\$296,113.00
Fiscal Year 1957.	\$342,194.00
Fiscal Year 1958.	\$353,850.00
Fiscal Year 1959.	\$551,056.00

The Medical Facilities Survey and Construction Act of 1954 expanded the original Act by providing assistance to States for:

1. A survey of the need for diagnostic and treatment centers, hospitals for chronically ill, rehabilitation facilities and nursing homes, and
2. Construction of such facilities through Federal grants to public and non-profit groups.

This part of the program will be known as Part G.

Montana received the legally established minimum grant of \$25,000.00 for survey and planning, available until expended or until the end of the program.

INTRODUCTION (Contd.)

Allotments for construction made available to Montana under Part G of the program for each of the 1955, 1956, 1957, 1958 and 1959 fiscal year appropriations are as follows:

Diagnostic and Treatment Centers	\$100,000.00
Facilities for Chronically Ill	100,000.00
Rehabilitation Facilities	50,000.00
Nursing and Convalescent Homes.....	50,000.00

The State Plan as developed originally, and revised annually, is in accordance with the basic definitions, standards, and methods as outlined in the PHS Act and Regulations and adapted for planning purposes to meet the estimated needs in Montana. The Plan designates locations of medical installations, based upon a study and analysis of available information that will affect present and future trends in hospital requirements. From existing hospitals and the use people make of them, a determination is made regarding the need for new and/or additional facilities. Hospital service areas were delineated by taking into account the following:

1. Population distribution
2. Natural Geographic boundaries
3. Retail trade centers
4. Highways and railways
5. Time-travel factors

The Hospital Service Areas are defined by the PHS Regulations as (1) Base Area; (2) Intermediate Area, and (3) Rural Area. The definitions of these areas, taken from the PHS Regulations for the Medical Facilities Survey and Construction Act, are as follows:

1. A Base Area is an area with a teaching hospital of a medical school or an area with at least 100,000 population and one general hospital with a complement of 200 or more beds for general use.
2. An Intermediate Area has a population of 25,000 or more, and, on completion of the hospital construction program, would have at least one general hospital of 100 beds suitable for a district hospital in a coordinated hospital system.
3. A Rural Area is the remaining area, no part of which is included in a base or intermediate area.

Inasmuch as Montana has neither a medical school nor an area with a population of 100,000 we do not logically have a "Base" area. Montana has, therefore, been divided into seven intermediate areas and twenty-five rural areas. This regional plan is conceived in view of an integrated hospital system, in which diagnostic and treatment facilities are made available to all. In such a system, specialists from the larger hospitals may render consultative services to the smaller rural area hospitals. Also in such a system, patients requiring specialized observation and treatment may be transferred from the smaller to the larger hospitals in which all types of services can be provided. The purpose of such planning is to decentralize or spread out from the larger centers to the remote sections, all the benefits modern medicine has to offer. The one or two physicians, the public health nurse, and the limited staff of a small community clinic would not be expected to offer the same comprehensive service found in the large general hospitals, but the rural community would be linked with the larger hospital and may draw on it for help with diagnostic and therapeutic problems beyond its own resources.

INTRODUCTION (Contd.)

The allocation of general hospital beds is based on the density of population. The State of Montana has 146,316 square miles. The latest population figures released by the U.S. Bureau of Census establishes the civilian population as 682,000. According to the PHS Regulations, States with less than six persons per square mile shall use the following rates for distribution:

Base areas.....5.5 beds per thousand population.
Intermediate areas.....5 beds per thousand population.
Rural areas.....3.5 beds per thousand population.

The difference between the total number of beds prescribed for the area ratios and the total number of beds prescribed by the State ratio, is known as "pool beds" which may be distributed to specific areas with special needs or held in reserve for subsequent allocation.

There are a number of factors which must be balanced against each other in arriving at the size of hospital most suitable for a particular area.

Studies show that the average occupancy varies in proportion to the size of the hospital - the larger the hospital the greater the average occupancy. If the average occupancy of existing hospitals is high in an area, that area would have greater justification for additional beds from the pool than another area with the same bed ratio and having a lower average occupancy. The following table indicates the expected percentage of occupancy in hospitals:

Size of Hospital No. of Beds	Expected Percentage Occupancy	
	Low	High
10	30	40
20	42	52
30	49	58
40	54	62
50	57	66
60	60	68
75	63	71
100	67	74
150	72	78
200	75	81
300	79	84
500	83	87

Small hospitals of 10 to 50 beds can be expected normally to have lower percentage occupancies than larger hospitals, and the income per bed will naturally be less than in hospitals with a higher occupancy rate. The small hospital, generally, may be constructed and operated at a lower cost per bed, for the diagnostic equipment such as basal metabolism equipment, electrocardiograph, encephalograph and laboratory facilities which are usually found in the larger hospitals, increase the costs.

It should be recognized that in building a small hospital there will be a sacrifice in medical facilities, complete diagnostic services and expensive equipment cannot usually be included in the small hospital. Hospital construction today is extremely expensive, costs varying between \$10,000 and \$22,000 per bed. In general, the larger the hospital, the better equipped it will be and the more efficient and economical it is to operate. However, in rural areas it is often difficult to justify a hospital of sufficient size to permit efficiency and economy of operation. There may, however, be a need for a facility for ambulatory and out-patient care, obstetrics, and immediate emergency care before transportation of the patient to a larger hospital. For this purpose the "community health facilities" are planned, to distinguish them from the larger hospitals.

INTRODUCTION (Contd.)

It is recommended that health centers, community health facilities and rural hospitals applying for financial assistance under the Hospital Construction Act be appropriately affiliated with area and district hospitals by a planned arrangement worked out cooperatively among the several communities involved on the part of local hospital boards, local physicians and local public health personnel, if applicable; and that such a coordinated plan be submitted to the State Board of Health when requesting funds.

In determining the need for hospital beds in each area, beyond the beds needed on the basis of area and population, consideration was given to the following factors:

- (a) The utilization of existing facilities as shown by the percentage of occupancy.
- (b) The existence of hazardous industries in the area.
- (c) The need for community clinics in rural areas.
- (d) The replacement of facilities which were deemed replaceable.

For the purposes of this plan the following definitions have been developed:

General Hospital and Community Health Facility - A general hospital and community health facility is any hospital for in-patient medical or surgical care of acute illness or injury and for obstetrics, of which not more than 50% of the total patient days during the year are customarily assignable to the following categories of cases: Chronic, convalescent and rest, drug and alcoholic, epileptic, mentally deficient, mental, nervous and mental, and tuberculosis.

District Hospital* - A district hospital is a general hospital located in an intermediate area that contains, or will contain a complement of 100 or more beds on completion of the hospital construction program under the State Plan, and which may be used as a center for referrals within the area.

Area Hospital - An area hospital is a general hospital located in either an intermediate or rural area which may be used as a referral center for the nearby rural hospitals and community health facilities.

Rural Hospital* - A rural hospital is a general hospital of ten beds or more which serves as rural hospital area.

Community Health Facility* - A community health facility is a small rural hospital unit of less than 10 beds equipped to provide medical care with normal maternity service, minor and emergency surgical service and have at least one resident physician in the community and on the institutional staff; and to provide other community health facilities as indicated.

Mental Hospital - A mental hospital is a hospital for the diagnosis and treatment of nervous and mental illness but excluding institutions for the feeble-minded and epileptics.

Psychopathic Hospital - A psychopathic hospital is a type of mental hospital where patients may receive intensive treatment and where only a minimum of continued treatment facilities will be afforded.

Tuberculosis Hospital - A tuberculosis hospital is a hospital for the diagnosis and treatment of tuberculosis, excluding preventoria.

INTRODUCTION (Contd.)

Chronic Disease Hospital - A chronic disease hospital is a hospital, the primary purpose of which is medical treatment of chronic illness, including the degenerative diseases, and which furnishes hospital treatment and care, administered by or under the direction of persons licensed to practice medicine in the State. The term includes such convalescent homes as meet the foregoing qualifications. It excludes tuberculosis and mental hospitals, nursing homes, and also institutions the primary purpose of which is domiciliary care.

Public Health Center - A public health center is a publicly owned facility utilized by a local health unit for the provision of public health services including related facilities such as laboratories, clinics, and administrative offices.

Local Health Office - A local health office is a single county-city or local district health unit as well as a state health district unit where the primary function is the direct provision of public health services to the population under its jurisdiction. (Suggested facilities: nurses' office, conference room, doctor's office, small utility room, examining room, which may be the doctor's office, and a bathroom.)

*Note: Any of the above institutions should be encouraged to include facilities for all local health activities.

Montana State Board of Health
 Organization Chart -
 By Divisions and Major Functions

7-1-56

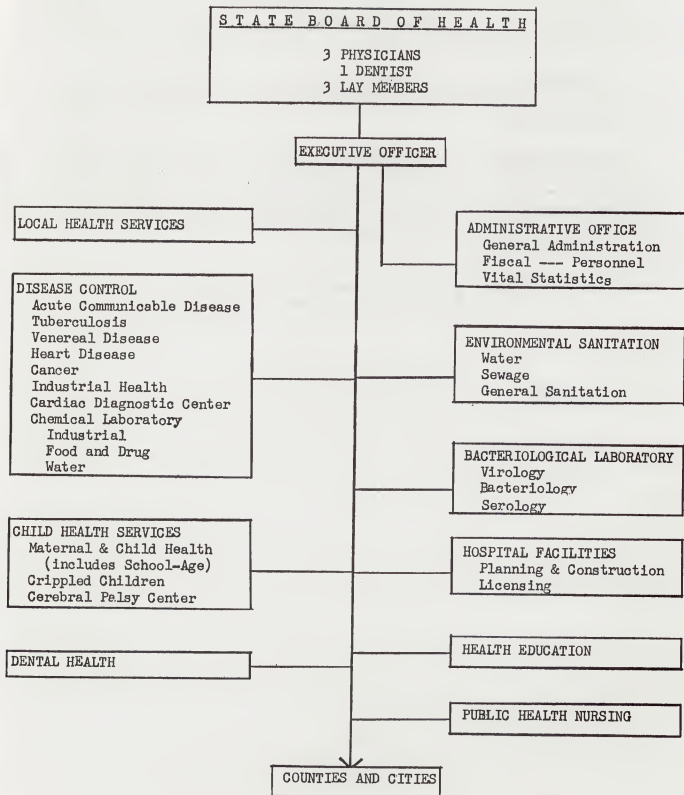


EXHIBIT B

CHAPTER 269, 1947 Montana Session Laws

(Sections 69-2910, 69-2910.1, 69-2911 taken from
Chapter 29, Revised Codes of Montana, 1947 Annotated.)

HOSPITAL LICENSING AND SUPERVISION BY STATE BOARD OF HEALTH

69-2910. Advisory hospital council. The governor shall appoint an advisory hospital council to advise and consult with the board in carrying out the administration of this act. The council shall consist of the executive officer of the state board of health (in various acts designated as "secretary" of said board) who shall serve as chairman ex officio, the state director of the department of public welfare, ex officio, and the following nine members, namely: three (3) individuals of recognized ability in the field of non-government hospital administration; three (3) individuals of recognized ability in the fields of medicine and surgery, nursing, welfare, public health, architecture, or allied professions in the field of health, and three (3) individuals with broad civic interests representing consumers of hospital services. Each member shall hold office for a term of four (4) years except that any member appointed to fill a vacancy occurring prior to the expiration of the term for which his predecessor was appointed shall be appointed for the remainder of such term, and, the terms of office of the members first taking office shall expire, as designated at the time of an appointment, three at the end of the second year, three at the end of the third year, three at the end of the fourth year, after the date of appointment. Council members while serving on the business of the council shall be entitled to receive ten dollars (\$10.00) per diem, and, also, their actual and necessary travel and subsistence expenses while so serving away from their place of residence. The council shall meet as frequently as the chairman deems necessary, but not less than once each year. Upon request by any three (3) or more members, it shall be the duty of the chairman to call a meeting of the council.

69-2910.1. Transfer of powers and duties to advisory hospital council. That the advisory hospital council provided for by section 69-3005 be hereby abolished and the powers and duties of said council be transferred to the advisory hospital council, as created and provided for in section 69-2910.

69-2911. Functions of advisory hospital council. The advisory hospital council shall have the following responsibilities and duties:

(a) To consult and advise with the board in matters of policy affecting administration of this act, and in the development of rules, regulations and standards provided for hereunder.

(b) To review and approve, before the same becomes effective, rules, regulations and standards authorized hereunder, prior to their promulgation by the board as specified herein.

Chapter 270, 1947 Montana Session Laws
(Chapter 30, Sections 69-3001 through 69-3018, Revised
Codes of Montana, 1947, Annotated)

Montana Hospital Survey and Construction Act

69-3001. Title. This act may be cited as the "Montana hospital survey and construction act."

69-3002, 69-3003, 69-3004 (Amended by Chapter 215, 1955 Montana Session laws.)

69-3005. Repeal. This section (Sec.5, Ch.27, Laws 1947), relating to the appointment of an advisory hospital council to advise and consult with the state board of health in carrying out the administration of the Hospital Survey and Construction Act, was repealed by Sec. 2, Ch. 78, Laws 1953.

69-3006 and 69-3007. (Amended by Chapter 215, 1955 Montana Session laws.)

69-3008. Application for federal funds for survey and planning -- expenditure. The board is authorized to make application to the surgeon general for federal funds to assist in carrying out the survey and planning activities herein provided. Such funds shall be deposited in the state treasury and shall be available to the board for expenditure for carrying out the purposes of this part. Any such funds received and not expended for such purposes shall be repaid to the treasury of the United States.

69-3009, 69-3010. (Amended by Chapter 215, 1955 Montana Session Laws.)

69-3011. Priority of projects. The state plan shall set forth the relative need for the several projects included in the construction program determined in accordance with regulations prescribed pursuant to the federal act, and provide for the construction, insofar as financial resources available therefore and for maintenance and operations make possible, in the order of such relative need.

69-3012. (Amended by Chapter 215, 1955 Montana Session laws.)

69-3013. Consideration and forwarding of applications. The board shall afford to every applicant for a construction project an opportunity for a fair hearing. If the board, after affording reasonable opportunity for development and presentation of applications in the order of relative need, finds that a project application complies with the requirements of section 69-3012 and is otherwise in conformity with the state plan, he shall approve such application and shall recommend and forward it to the surgeon general.

69-3014. Inspection of projects. From time to time the board shall inspect each construction project approved by the surgeon general, and, if the inspection so warrants, the board shall certify to the surgeon general that work has been performed upon the project, or purchases have been made, in accordance with the approved plans and specifications, and that payment of an installment of federal funds is due to the applicant.

69-3015, 69-3016. (Amended by Chapter 215, 1955 Montana Session laws.)

69-3017. Severability. If any provision of this act or the application thereof to any person or circumstances shall be held invalid, such invalidity shall not effect (affect) the provisions or applications of this act which can be given effect without the invalid provision or application, and to this end the provisions of the act are declared to be severable. COMPILER'S NOTE. The bracketed word "affect" was inserted by the compiler.

CHAPTER 30 OF THE REVISED CODES OF MONTANA
Volume 4 - 1955 Cumulative Pocket Supplement
Montana Hospital Survey and Construction Act

69-3002. Definitions. As used in this act:

- (a) "Board" means the state board of health of the state of Montana.
- (b) "The Federal Act" means Title VI of the Public Health Service Act (42 U.S.C. 291 et seq.) as now and hereafter amended.
- (c) "The Surgeon General" means surgeon general of the public health service of the United States.
- (d) "Hospital" includes public health centers and general, tuberculosis, mental, chronic disease, and other types of hospitals, and related facilities, such as laboratories, out-patient departments, nurses' home and training facilities, and central service facilities operated in connection with hospitals, but does not include any hospital furnishing primarily domiciliary care.
- (e) "Public Health Center" means a publicly owned facility for the provision of public health services, including related facilities such as laboratories, clinics, and administrative offices operated in connection with public health centers.
- (f) "Nonprofit Hospital" and "Nonprofit Medical Facility" means any hospital or medical facility owned or operated by one or more nonprofit corporations or associations, no part of the net earnings of which inures, or may lawfully inure, to the benefit of any private shareholder or individual.
- (g) "Director" means the principal administrative officer of the division of hospital survey and construction of the said state board of health of Montana as appointed by said Board.
- (h) "Medical facilities" means diagnostic or diagnostic and treatment centers, rehabilitation facilities and nursing homes as those terms are defined in the federal act, and such other medical facilities for which federal aid may be authorized under the federal act.

History: En. Sec. 2, Ch. 270, L. 1947; amd Sec. 1, Ch. 215, L. 1955.

Amendment

The 1955 amendment in subd. (b) substituted "Title VI of the Public Health Service Act (42 U.S.C. 291 et seq.) as now and hereafter amended" for "Public Law 725 of the 79th Congress, approved August 13, 1946, entitled the hospital survey and construction act" reworded subd (f) to include the definition of "nonprofit medical facility" and added subd. (h).

69-3003. Administration - hospital survey and construction. The state board of health of the state of Montana shall possess, exercise and carry out, in the field of hospital survey and construction, the powers, functions and duties assigned to it by law and for all such purposes the board shall constitute the sole agency of the state of Montana. Specifically, the board is hereby charged with the duties of

(1) making an inventory of existing hospitals, and medical facilities and surveying the need for construction of hospitals and medical facilities, and developing a program of hospital and medical facilities construction as provided in sections 69-3006 and 69-3008, and

(2) developing and administering a state plan for the construction of public and other nonprofit hospitals and medical facilities as provided in sections 69-3009 to 69-3016.

History: En. Sec. 3, Ch. 270, L. 1947; amd. Sec. 2, Ch. 217, L. 1955; amd. Sec. 22, Ch. 264, L. 1955.

Amendments

The 1955 amendment by Ch. 215 inserted the words "and medical facilities" each time they appear in this section.

The 1955 amendment by Ch. 264 substituted the present first paragraph for one which read: "There is hereby established in the state board of health, a division of hospital survey and construction which shall be administered by a full-time director appointed by the board and serving under the supervision and direction of the board. The state board of health through such division, shall constitute the sole agency of the state for the purpose of."

69-3004. General powers and duties. In carrying out the purposes of the act, the board is authorized and directed:

(a) To require such reports, make such inspections and investigations and prescribe such regulations as it deems necessary;

(b) To provide such methods of administration, appoint a director and other personnel and take such other action as may be necessary to comply with the requirements of the federal act and the regulations thereunder;

(c) To procure in its discretion the temporary or intermittent services of experts or consultants, or organizations thereof, by contract, when such services are to be performed on a part-time or fee-for-service basis and do not involve the performance of administrative duties;

(d) To the extent that it considers desirable to effectuate the purposes of this act, to enter into agreements for the utilization of the facilities and services of other departments, agencies, and institutions, public or private;

(e) To accept on behalf of the state and to deposit with the state treasurer any grant, gift or contribution made to assist in meeting the cost of carrying out the purposes of this act, and to expend the same for such purpose;

(f) To make an annual report to the governor on activities and expenditures pursuant to this act, including recommendations for such additional legislation as the board considers appropriate to furnish adequate hospital and medical facilities to the people of this state.

History: En. Sec. 4, Ch. 270, L. 1947; amd. Sec. 3, Ch. 215, L. 1955; amd. Sec. 23, Ch. 264, L. 1955.

Amendments

The 1955 amendment by Ch. 215 substituted the words "and medical facilities" for the words "clinic and similar facilities" in subd. (f)

The 1955 amendment by Ch. 264 in subd. (b) deleted the words "of the division" after the words "other personnel."

60-3006. Survey and planning activities. The board is authorized and directed to make an inventory of existing hospitals and medical facilities, including public, nonprofit and proprietary hospitals and medical facilities to survey the need for construction of hospitals and medical facilities, and, on the basis of such inventory and survey, to develop a program for the construction of such public and other non-profit hospitals and medical facilities as will, in conjunction with existing facilities, afford the necessary physical facilities for furnishing adequate hospital and medical facilities to all the people of the state.

History: En. Sec. 7, Ch. 270, L. 1947; amd. Sec. 4, Ch. 215, L. 1955.

Amendment

The 1955 amendment inserted the words "and medical facilities" each time they appear in this section. In the last instance they are substituted for the words "clinic and similar services."

69-3007. Construction program. The construction program shall provide, in accordance with regulations prescribed under the federal act, for adequate hospital facilities and medical facilities for the people residing in this state and insofar as possible shall provide for their distribution throughout the state in such manner as to make all types of hospital and medical facilities services reasonably accessible to all persons in the state.

History: En. Sec. 8, Ch. 270, L. 1947; amd. Sec. 5, Ch. 215, L. 1955.

Amendment

The 1955 amendment inserted the words "and medical facilities" each time they appear in this section.

69-3009. State plan. The board shall prepare and submit to the surgeon general a state plan which shall include the hospital and medical facilities construction program developed under sections 69-3006 to 69-3008 and which shall provide for the establishment, administration, and operation of hospital and medical facilities construction activities in accordance with the requirements of the federal act and regulations thereunder. The board shall prior to the submission of such plan to the surgeon general, give adequate publicity to a general description of all the provisions proposed to be included therein, and hold a public hearing at which all persons or organizations with a legitimate interest in such plan may be given an opportunity to express their views. After approval of the plan by the surgeon general, the board shall publish a general description of the provisions thereof in three (3) successive publications at intervals of one (1) week between publications in at least one newspaper having general circulation in each county in the state, and in five (5) papers having a general circulation throughout the state, and shall make the plan, or a copy thereof, available upon request to all interested persons or organizations. The board shall from time to time review the hospital and medical facilities construction program and submit to the surgeon general any modifications thereof which he may find necessary and may submit to the surgeon general such modifications of the state plan not inconsistent with the requirements of the federal act, as he may deem advisable.

History: En. Sec. 10, Ch. 270, L. 1947; amd. Sec. 6, Ch. 215, L. 1955.

Amendment

The 1955 amendment inserted the words "and medical facilities" each time they appear in this section.

69-3010. Minimum standards for hospital and medical facilities maintenance and operation. The board shall by regulation prescribe minimum standards for the maintenance and operation of hospitals and medical facilities which receive federal aid for construction under the state plan.

History: En. Sec. 11, Ch. 270, L. 1947; amd. Sec. 7, Ch. 215, L. 1955.

Amendment

The 1955 amendment inserted the words "and medical facilities."

69-3012. Construction projects--applications. Applications for hospital and medical facilities construction projects for which federal funds are requested shall be submitted to the board and may be submitted by the state or any political subdivision thereof or by any public or nonprofit agency authorized to construct and operate a hospital or a medical facility. Each application for a construction project shall conform to federal and state requirements.

History: En. Sec. 13, Ch. 270, L. 1947; amd. Sec. 8, Ch. 215, L. 1955.

Amendment

The 1955 amendment inserted the words "and medical facilities" and "or a medical facility."

69-3015. Hospital and medical facilities construction fund. The board is hereby authorized to receive federal funds in behalf of, and transmit them to, such applicants. There is hereby established, separate and apart from all public moneys and funds of this state, a hospital and medical facilities construction fund. Money received from the federal government for a construction project approved by the surgeon general shall be deposited to the credit of this fund and shall be used solely for payments due applicants for work performed, or purchases made, in carrying out approved projects. Claims for all payments from the hospital and medical facilities construction fund shall if approved by the board, bear the signature of the executive officer (secretary) of the board, or in his absence, the director.

History: En. Sec. 16, Ch. 270, L. 1947; amd. Sec. 9, Ch. 215, L. 1955.

Amendment

The 1955 amendment inserted the words "and medical facilities" each time they appear in this section and began a new sentence with the word "Claims".

69-3016. Consolidated applications by two or more counties. Any two (2) or more counties of this state may, by concurrent action of their respective boards of county commissioners, join in a consolidated application for funds for construction (and operation and maintenance when permitted) under the terms of this act of a single hospital, medical facility or health center for all of the counties so joining, such hospital, medical facility or health center to be located at such point within the exterior boundaries of the joining counties as may best serve the people of all the counties involved, and any laws of this state investing any county with power to construct, maintain and operate hospitals or medical facilities directly, or by lease or contract, may be utilized for joint action by any two or more counties, provided, however, that in all cases, the provisions of all laws governing submission of questions of establishment of such a hospital or medical facility, hospital or medical facilities construction, issuance of bonds therefor, and method of operation, and requiring majority vote of the taxpayers at elections on such questions in a county shall apply to and govern consolidated applications and concurrent and joint actions of two or more counties and a majority of the qualified voters in an election common to each county, in each one of the joining counties, shall be required to authorize the issuance of bonds, construction and contracts under such joint or consolidated plan.

History: En. Sec. 17, Ch. 270, L. 1947; amd. Sec. 10, Ch. 215, L. 1955.

Amendment

The 1955 amendment inserted the words "medical facility" "or medical facilities" and "or medical facility" wherever appearing in this section.

69-3018. State and federal participation in hospital and medical facilities construction. The state of Montana is hereby authorized and empowered to participate jointly with the federal government on a dollar for dollar basis in carrying out a program of hospital and medical facilities construction in accordance with the provisions of sections 69-3001 to 69-3017 and the provisions of the federal hospital and medical facilities survey and construction act (Title VI of the Public Health Service Act (42 U.S.C. 291 et seq.) as now and hereafter amended),

CHAPTER 30 OF THE REVISED CODES OF MONTANA

Contd. - page 5

69-3018 (contd.)

and to allocate and expend money for that purpose in cases where the appropriations of money heretofore or hereafter made by the federal government under said federal act to the state of Montana are inadequate to meet the amounts needed for hospital and medical facilities construction as such needs may be determined from time to time under this act. Provided however, that any funds remaining unused for a consecutive period of two (2) years shall revert to the general fund.

History: En. Sec. 1, Ch. 105, L. 1949; amd. Sec. 11, Ch. 215, L. 1955.

Amendment

The 1955 amendment inserted the words "and medical facilities" each time they appear in this section and substituted "Title VI of the Public Health Service Act (42 U.S.C. 291 et seq.)" and "federal act" for "Public Law 725 of the Seventy-Ninth Congress approved August 13, 1946" and "Public Law 725" respectively.

Severability Clause

Section 12 of Ch. 215, Laws 1955 read "Severability. If any provisions of this act or the application thereof to any person or circumstance shall be held invalid, such invalidity shall not affect the provisions or applications of this act which can be given effect without the invalid provision or application, and to this end the provisions of the act are declared to be severable."

Effective Date

Section 13 of Ch. 215, Laws 1955 provided the act should be in effect from and after its passage and approval. Approved March 5, 1955.



AUTHORITY OF THE STATE AGENCY

The enactment by the Montana legislature of Chapters 269 and 270 of the 1947 Session Laws enabled the State of Montana to comply with all the requirements of the original Hospital Survey and Construction Act. Chapter 270, the State Hospital Survey and Construction Act, established the Board of Health as the sole agency for the administration of the plan, authorized the inventory and survey of existing hospital facilities, and provided for the Advisory Hospital Council. The Council members, as appointed, include representatives of non-governmental organizations or groups, and of State Agencies concerned with the operation, construction, and utilization of hospitals, and representatives of the consumers of hospital services.

Chapter 269 provided for the licensing, inspection, and regulating of hospitals throughout the State. The Federal Act required that minimum standards for maintenance and operation be established for hospitals which receive Federal aid under the Act. The State Licensing Law, as passed, to comply with the Federal Act is intended to apply to all hospitals (except Federal) since minimum standards are equally desirable for all operating hospitals. A copy of the original law, as amended, is included in this Plan revision as Exhibit B.

It was necessary to amend the original State enabling law to cover the expanded program as provided by the Medical Facilities Survey and Construction Act of 1954. This was done by Senate Bill No. 67, signed by the Governor March 4, 1955, included as Chapter 215 of the 1955 Montana Session Laws. The Revised Codes contain the original Hospital Survey and Construction Law and Amendments, and also the 1955 Amendments relative to the Medical Facilities Program. (Exhibit B).

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
WASHINGTON 25, D. C.

FORM APPROVED
BUDGET BUREAU NO. 68-R588.1

ANNUAL REVISION OF STATE PLAN

A. DESIGNATION OF STATE AGENCY

1. Give the name of the State Agency and the administrative unit responsible for administering the State Plan.

Montana State Board of Health, Division of Hospital Facilities

2. Has the organization of the State Agency been changed since the existing State Plan was approved?

☐ YES

☒ NO

(If "yes," attach a chart which shows the organization of the State Agency and the relationship of the unit which is immediately responsible for administering the State Plan to the other units of the State Agency.)

B. AUTHORITY OF THE STATE AGENCY

Has any change been made in the authority of the State Agency to carry out the provisions of the State Plan?

☐ YES

☒ NO

(If "yes," attach a copy of the legislation or Governor's order which accomplished the change.)

C. DESIGNATION OF STATE ADVISORY COUNCIL

Has any change been made in the membership of the State Advisory Council or the manner in which consultation services for rehabilitation is to be provided to the State Agency?

☒ YES

☐ NO

(If "yes," attach a statement showing the names, present positions, and interests or professions represented by each new member and the names of the members replaced or the groups or organizations concerned with rehabilitation.)

D. DEVELOPMENT OF HOSPITAL AND MEDICAL FACILITIES CONSTRUCTION PROGRAM

Attach new Forms PHS-5; 5-1; 5-2; 5-3; 7; 10; 10-1; 10-2; 11; 11-3; and 12, to replace the existing forms included in the State Plan. If separate facilities are planned for separate population groups in the State, Form PHS-8 shall be resubmitted, if any changes have occurred which require supplementation or revision. Maps submitted with the current approved Plan shall be revised and resubmitted if changes have occurred. As a minimum, consider the factors described in the instructions on the reverse side.

E. RELATIVE NEED DETERMINATIONS

Submit a new Form PHS-13 to replace the form approved in the existing State Plan. Take into consideration the factors described in the instructions on the reverse side.

F. METHODS OF ADMINISTRATION

Do the methods of administration included in the approved State Plan reflect accurately the current or projected method of administering the State Plan?

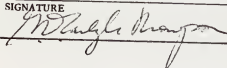
☒ YES

☐ NO

(If "no," attach revised or additional pages to be included in the State Plan.)

I hereby certify that the above statements and attached statements, charts, maps, and tables are true and correct to the best of my knowledge and belief, and are an accurate presentation of the revised State Plan adopted by the State Agency.

SIGNATURE



Type NAME and TITLE

G.D. Carlyle Thompson, M.D.
Acting Executive Officer

Effective date of revision

March 21, 1959

MEMBERS OF ADVISORY HOSPITAL COUNCIL

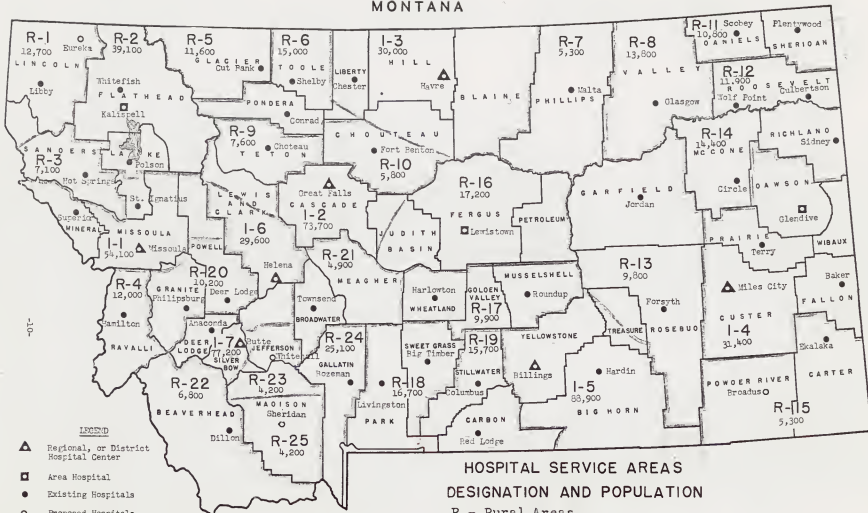
EXHIBIT C

<u>Name and Address</u>	<u>Occupation or Profession</u>	<u>Representative of</u>
G.D.Carlyle Thompson, M.D. 639 Logan Helena, Montana	Chairman,Ex-officio; Executive Officer, State Board of Health	State Board of Health
W. J. Fouse 541 E. Sixth Ave. Helena, Montana	Director, State Dept. of Public Welfare,Ex-officio	Dept. of Public Welfare
Edwin Grafton 830 No. Warren Helena, Montana	Admin.,Shodair Hospital	Hospital Groups
David Gregory, M.D. Glasgow, Montana	Physician	Medical Profession
Robert Howe Billings, Montana	Administrator Deaconess Hospital	Hospital Groups
H. H. James, M.D. Butte, Montana	Physician	Medical Profession
Mrs. R. H. Jesse Missoula, Montana	Housewife	Urban Consumer Groups
Mrs. Waldo Moberly Sweet Grass, Montana	Housewife	Rural Consumer Groups
Walter Neils Libby, Montana	Owner,Neils Lumber Co.	Industrial Groups
G. C. Taylor, D.D.S. Billings, Montana	Dentist	Dental Profession
Mgr. James J. Donovan Great Falls, Montana	President, College of Great Falls	Hospital Groups
*Leif Fredericks 610 Dearborn Helena, Montana	Director, Bureau of Vocational Rehabilitation Consultant	Vocational Rehabilitation

*Section 647 (2) of Part E, PHS Act provides that the Advisory Council shall include a representative of a non-government organization, or group, or state agency concerned with rehabilitation, or provide for consultation with groups, organizations or agencies so concerned.

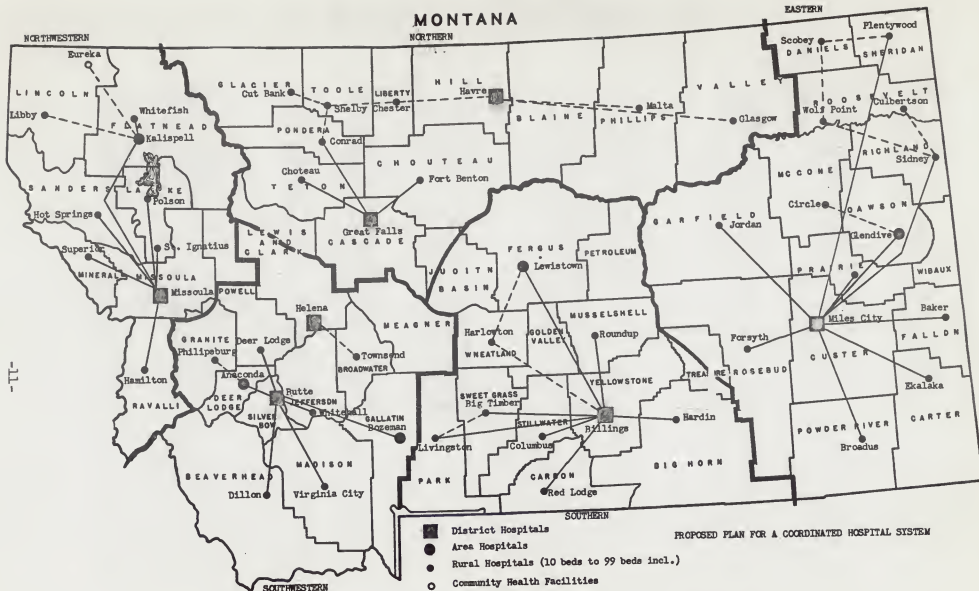
MONTANA

Scale in miles to 100 nearest border



HOSPITAL SERVICE AREAS
DESIGNATION AND POPULATION
 R - Rural Areas
 I - Intermediate Areas

MONTANA



CLASSIFICATION OF EXISTING HOSPITALS

An inventory of all existing general hospitals is shown on Form PHS-5. In order to determine the total need and priority thereof for hospital construction, all hospitals have been classified with respect to adequacy of structure.

Some communities have facilities which are rendering indispensable community service, but which are structurally deficient and should be replaced at such time as funds become available. Such facilities are classified as "replaceable" but are counted as acceptable for priority purposes in accordance with Federal requirements.

Minimum basic criteria adopted by the Montana State Board of Health, upon recommendation of the Advisory Council on Hospital Survey and Construction, used for evaluation and classification of General, Mental and Tuberculosis hospitals as follows:

Acceptable Facilities

- (1) All hospitals meeting the requirements for construction and equipment, as adopted by the Montana State Board of Health.
- (2) All hospitals constructed prior to the enactment of Chapters 269 and 270 of the 1947 Session Laws of Montana which substantially meet the required standards adopted by the Montana State Board of Health.

Replaceable Facilities

- (1) Hospitals which were in operation prior to July, 1947 but which have structural deficiencies and will not meet standards for licensing after 1959. These facilities render an essential service to the community but should be replaced as funds become available.
- (2) Fire resistive buildings not originally designed as hospitals, but remodeled prior to July, 1947 and converted to provide essential hospital services pending replacement.
- (3) Small acceptable hospitals, additions, or annexes which, by reason of location or arrangement will not serve as the basis of an expansion program.

Non-Acceptable Facilities

- (1) Buildings not originally constructed as hospitals which do not lend themselves to remodeling to secure functional arrangement and fire resistive construction commensurate with the size of the structure.
- (2) Buildings originally constructed for hospital purposes, but which are deficient in form of construction, functional arrangement, and fire resistive construction.

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
WASHINGTON 25, D. C.

FORM APPROVED
BUDGET BUREAU NO. 68-R298-2

ACCEPTABLE AND NON-ACCEPTABLE
HOSPITALS REPORT

NOTE: - SEE REVERSE SIDE FOR INSTRUCTIONS ON USE OF THIS FORM

5. LIST OF ACCEPTABLE AND NON ACCEPTABLE GENERAL HOSPITAL FACILITIES AND HOSPITAL BEDS

1. PAGE 1 OF 5
2. DATE Feb. 10, 1959
3. STATE Montana
4. REGION Northwestern

AREA (6)	NAME OF FACILITY (7)	LOCATION		OWNER- SHIP OR CONTROL (10)	MEDICAL TYPE (11)	BED CAPACITY		NUMBER OF BASSINETS (14)	% OCCUPANCY (15)	NUMBER OF	
		COUNTY (8)	CITY OR TOWN (9)			ACCEPTABLE (12)	NON- ACCEPTABLE (13)			PATIENT DAYS (16)	PATIENTS ADMITTED (17)
R-1	St. John's Luth.	Lincoln	Libby	NPA	Gen.	34		12	43.7	5,423	1,220
R-2	Whitefish Mem.	Flathead	Whitefish	NPA	Gen.	33		8	59.6	7,180	1,438
R-2	Kalispell Gen.	Flathead	Kalispell	Ch.	Gen.	86		10	54.5	17,095	3,423
R-2	Flathead County	Flathead	Kalispell	Co.	Med-Surg	14		0	85.7	4,380	232
R-2	Hotel Dieu	Lake	Polson	Ch.	Gen.	40		10	71.0*	7,775	892
R-3	Sanders Co. Gen.	Sanders	Hot Springs	NPA	Gen.	21		5	64.9	4,975	1,037
R-4	Marcus Daly	Ravalli	Hamilton	NPA	Gen.	46		10	51.1	8,576	1,367
I-1	St. Luke Comm.	Lake	Ronan	NPA	Gen.	22		6	63.0	5,062	515
I-1	Holy Family	Lake	St. Ignatius	Ch.	Gen.		50 2/	6	35.8	6,538	856
I-1	Mineral Hosp.	Mineral	Superior	Ind.	Gen.	18		3	64.8	4,260	264
I-1	Memorial Hosp.	Missoula	Missoula	NPA	Gen.		43 2/	10	61.2	9,611	1,687
I-1	St. Patrick Hosp.	Missoula	Missoula	Ch.	Gen.	225**		30	59.7	49,081	6,513
I-1	N.P.B.A. Hosp.	Missoula	Missoula	NPA	Med-Surg	85		0	45.5	14,114	1,536

*On basis of 30 beds in existing hospital - new facility under construction.

**Construction provided for total of 265 beds; rooms having capacity for 40 beds not equipped.

REGIONAL TOTAL						624	93	110	xxx	xxxxx	xxxxx
STATE TOTAL									xxx	xxxxx	xxxxx

NOTE: - *If region report requires more than one sheet, enter totals on LAST SHEET ONLY and cut off bottom of other sheets on this line.

**Cut off bottom of all sheets EXCEPT LAST SHEET on which will appear the totals for the State.

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
WASHINGTON 25, D. C.

FORM APPROVED
BUDGET BUREAU NO. 68-R298-2

ACCEPTABLE AND NON-ACCEPTABLE
HOSPITALS REPORT

NOTE:- SEE REVERSE SIDE FOR INSTRUCTIONS ON USE OF THIS FORM

5. LIST OF ACCEPTABLE AND NON ACCEPTABLE General HOSPITAL FACILITIES AND HOSPITAL BEDS

1. PAGE 2 OF 5
2. DATE Feb. 10, 1959
3. STATE Montana
4. REGION Northern

AREA (6)	NAME OF FACILITY (7)	LOCATION		OWNER- SHIP OR CONTROL (10)	MEDICAL TYPE (11)	BED CAPACITY		NUMBER OF BASINETS (14)	% OCCUPANCY (15)	NUMBER OF	
		COUNTY (8)	CITY OR TOWN (9)			ACCEPTABLE (12)	NON- ACCEPTABLE (13)			PATIENT DAYS (16)	PATIENTS ADMITTED (17)
R-5	Glacier County	Glacier	Cut Bank	NPA	Gen.	43		8	55.9	8,774	1,489
R-6	Toole Co. Mem.	Toole	Shelby	NPA	Gen.	30		10	67.1	7,345	1,232
R-6	St. Mary's	Pondera	Conrad	Ch.	Gen.	50		10	47.6	8,690	1,911
R-7	Malta Hospital	Phillips	Malta	NPA	Gen.	30		8	45.1	4,941	844
R-8	Frances Mahon Deac. Hosp.	Valley	Glasgow	NPA	Gen.	60		15	52.7	11,538	1,841
R-9	Teton Memorial	Teton	Choteau	NPA	Gen.	27		8	44.8	4,417	953
R-10	St. Clare	Chouteau	Ft. Benton	Ch.	Gen.	19		6	63.1*	8,527	409
I-2	Columbus	Cascade	Gt. Falls	Ch.	Gen.	213		32	67.0	52,116	9,894
I-2	Mont. Deaconess	Cascade	Gt. Falls	Ch.	Gen.	171		32	74.8	46,706	7,070
I-3	Liberty Co.	Liberty	Chester	Co.	Gen.	10		4	48.5	1,772	349
I-3	Kennedy Deac.	Hill	Havre	Ch.	Gen.	74		15	62.3**	12,955	2,446
I-3	Sacred Heart	Hill	Havre	Ch.	Gen.	96		20	45.9	16,085	2,953
REGIONAL TOTAL						823		168	xxx	xxxxx	xxxxxx
STATE TOTAL									xxx	xxxxx	xxxxxx

NOTE: - **If region report requires more than one sheet, enter totals on LAST SHEET ONLY and cut off bottom of other sheets on this line.

**Cut off bottom of all sheets EXCEPT LAST SHEET on which will appear the totals for the State.

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE
WASHINGTON 25, D. C.FORM APPROVED
BUREAU OF BUDGET NO. 69-9298
EXPIRATION DATE JUNE 30, 1959ACCEPTABLE AND NON-ACCEPTABLE
HOSPITALS REPORT

NOTE:- SEE REVERSE SIDE FOR INSTRUCTIONS ON USE OF THIS FORM

5. LIST OF ACCEPTABLE AND NON ACCEPTABLE General HOSPITAL FACILITIES AND HOSPITAL BEDS1. PAGE 3 OF 5
2. DATE Feb. 10, 1959
3. STATE Montana
4. REGION Eastern

AREA (6)	NAME OF FACILITY (7)	LOCATION		OWNER- SHIP OR CONTROL (10)	MEDICAL TYPE (11)	BED CAPACITY		NUMBER OF BASSINETS (14)	% OCCUPANCY (15)	NUMBER OF	
		COUNTY (8)	CITY OR TOWN (9)			ACCEPTABLE (12)	NON- ACCEPTABLE (13)			PATIENT DAYS (16)	PATIENTS ADMITTED (17)
R-11	Daniels Mem.	Daniels	Scobey	NPA	Gen.	20		5	37.3	2,726	434
R-11	Sheridan Mem.	Sheridan	Plentywood	NPA	Gen.	24		6	53.1	4,654	941
R-12	Roosevelt Mem.	Roosevelt	Culbertson	NPA	Gen.	24		6	39.8	3,488	338
R-12	Trinity	Roosevelt	Wolf Point	NPA	Gen.		35 1/	10	32.4	4,133	989
R-12	Poplar City	Roosevelt	Poplar	NPA	Gen.		15 1/	4	23.5	1,289	284*
R-12	Florence Dale	Roosevelt	Poplar	Ind.	Gen.		22 1/	4	75.7	6,084	133
R-13	Garfield Co.	Garfield	Jordan	NPA	Gen.	22		7	40.4	3,248	285
R-13	Rosebud Co.	Rosebud	Forsyth	NPA	Gen.	30 RL/		7	33.1	3,631	844
R-14	McCone Co.	McCone	Circle	NPA	Gen.	10		5	34.7	520	95**
R-14	Community Mem.	Richland	Sidney	NPA	Gen.	66		8	47.0	11,328	2,435
R-15	Dahl Memorial	Carter	Ekalaka	NPA	Gen.	16		3	30.8	2,640	215***
I-4	N.P.Hospital	Dawson	Glendive	NPA	Gen.	69		13	58.2	14,653	2,408
I-4	Glendive General	Dawson	Glendive	Co.	Gen.				26.7	1,562	289****
I-4	Community	Prairie	Terry	NPA	Gen.	14 B/		6	38.2	2,805	264
I-4	Fallon Co.	Fallon	Baker	NPA	Gen.	20		6	73.0	3,110	737
I-4	Miles City Hosp	Custer	Miles City	Ch.	Gen.	161		25	50.0	36,892	4,079
*Covers period of operation August 20, 1957 through June 30, 1958.											
**Covers period of operation Feb. 1, 1958 through June 30, 1958.											
***Covers period of operation Nov. 1, 1957 through June 30, 1958.											
****Previously shown as 16 "non-acceptable" beds. Closed as a hospital, currently being operated as a Nursing Home.											
REGIONAL TOTAL						476	72	115	xxx	xxxxx	xxxxxx
STATE TOTAL									xxx	xxxxx	xxxxxx

NOTE: - If region report requires more than one sheet, enter totals on LAST SHEET ONLY and cut off bottom of other sheets on this line.

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE
WASHINGTON 25, D. C.

FORM APPROVED
BUREAU OF BUDGET NO. 68-R298
EXPIRATION DATE JUNE 30, 1960

ACCEPTABLE AND NON-ACCEPTABLE
HOSPITALS REPORT.

NOTE:- SEE REVERSE SIDE FOR INSTRUCTIONS ON USE OF THIS FORM

1. PAGE 4 OF 5
2. DATE Feb. 10, 1959
3. STATE Montana
4. REGION Southern

5. LIST OF ACCEPTABLE AND NON ACCEPTABLE General HOSPITAL FACILITIES AND HOSPITAL BEDS

AREA (6)	NAME OF FACILITY (7)	LOCATION		OWNER- SHIP OR CONTROL (10)	MEDICAL TYPE (11)	BED CAPACITY		NUMBER OF BASSINETS (14)	% OCCUPANCY (15)	NUMBER OF	
		COUNTY (8)	CITY OR TOWN (9)			ACCEPTABLE (12)	NON- ACCEPTABLE (13)			PATIENT DAYS (16)	PATIENTS ADMITTED (17)
R-16	St. Joseph	Fergus	Lewistown	Ch.	Gen.	100		7	59.4	21,697	2,451
R-17	Roundup Mem.	Musselshell	Roundup	NPA	Gen.	17		6	47.5	2,949	576
R-17	Wheatland Mem.	Wheatland	Harlowton	NPA	Gen.	31		5	57.2	6,475	537
R-18	Livingston Mem.	Park	Livingston	NPA	Gen.	58		17	53.6	11,354	1,735
R-18	Sweet Grass Com.	Sweet Grass	Big Timber	NPA	Gen.	17		6	33.6	2,033	468
R-19	Stillwater Co.	Stillwater	Columbus	NPA	Gen.	24		4	45.3	3,975	930
R-19	Carbon Co. Mem.	Carbon	Red Lodge	NPA	Gen.	29		8	76.2	8,070	1,160
I-5	Billings Deac.	Yellowstone	Billings	Ch.	Gen.	116		33	99.4	42,094	7,630
I-5	St. Vincent Hosp.	"	"	Ch.	Gen.	168		25	79.6	52,288	7,632
I-5	Yellowstone Co.	"	"	Co.	Gen.		9 2/	3	99.3	3,262	364
I-5	Big Horn Comm.	Big Horn	Hardin	NPA	Gen.			7	80.	6,456	422*
I-5	Big Horn Comm.	"	"	Co.	Gen.	14			UNDER	CONSTRUCTION	
REGIONAL TOTAL						574	9	121	xxx	xxxxx	xxxxxx
STATE TOTAL									xxx	xxxxx	xxxxxx

NOTE: - *If region report requires more than one sheet, enter totals on LAST SHEET ONLY and cut off bottom of other sheets on this line.

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE
WASHINGTON 25, D. C.

FORM APPROVED
BUREAU OF BUDGET NO. 68-9298
EXPIRATION DATE JUNE 30, 1950

ACCEPTABLE AND NON-ACCEPTABLE
HOSPITALS REPORT

NOTE: - SEE REVERSE SIDE FOR INSTRUCTIONS ON USE OF THIS FORM

1. PAGE 5 OF 5
2. DATE Feb. 10, 1959
3. STATE Montana
4. REGION Southwestern

5. LIST OF ACCEPTABLE AND NON ACCEPTABLE General HOSPITAL FACILITIES AND HOSPITAL BEDS

AREA (6)	NAME OF FACILITY (7)	LOCATION		OWNER- SHIP OR CONTROL (10)	MEDICAL TYPE (11)	BED CAPACITY		NUMBER OF BASSINETS (14)	% OCCUPANCY (15)	NUMBER OF	
		COUNTY (8)	CITY OR TOWN (9)			ACCEPTABLE (12)	NON- ACCEPTABLE (13)			PATIENT DAYS (16)	PATIENTS ADMITTED (17)
R-20	Granite Co.	Granite	Philipsburg	Co.	Gen.	14		5	70.7	3,612	434
R-20	St. Joseph	Powell	Deer Lodge	Ch.	Gen.		25 2/	7	115.1	10,500	951
R-21	Broadwater	Broadwater	Townsend	Part.	Gen.	32		6	47.3	5,525	930
R-21	Mtnview Mem. Hosp.	Meagher	White Sul. Spgs	NPA	Gen.	8		2	81.3	1,028	191*
R-22	Barrett	Beaverhead	Dillon	NPA	Gen.	26 R3/		5	65.0	6,170	2,091
R-23	None										
R-24	Bozeman Deac.	Gallatin	Bozeman	NPA	Gen.	80		15	63.8	18,633	3,139
R-25	Sheridan Emer.	Madison	Sheridan	NPA	Gen.		9 1/	3	63.5	2,087	367
R-25	Madison Valley	Madison	Ennis	NPA	Gen.	9		2	21.5	706	151
I-6	St. John's	L & C	Helena	Ch.	Gen.	85		15	54.4	16,875	2,364
I-6	St. Peter's	L & C	Helena	NPA	Gen.	73		12	73.2	19,516	2,273
I-6	Shodair	L & C	Helena	NPA	Ortho.	22		25	52.3	8,977	774**
I-7	St. Ann's	Deer Lodge	Anaconda	Ch.	Gen.	99		15	66.6	24,083	3,456
I-7	Butte Comm.	Silver Bow	Butte	NPA	Gen.	166		27	71.9	43,539	6,293
I-7	St. James	"	"	Ch.	Gen.	160		20	77.7	45,401	6,172
I-7	Silver Bow Co.	"	"	Co.	Gen.	28					
I-7	Silver Bow Co.	"	"	Co.	Gen.			6	91.8	28,477	552***
*Covers intermittent service for 158 days.											
**On basis of 22 beds and 25 bassinets for total of 47.											
***On basis of operation of existing facility of 85 "non-acceptable" beds. Figures include chronic disease.											
REGIONAL TOTAL						802	34	165	xxx	xxxxx	xxxxxx
STATE TOTAL						3,299	208	679	xxx	xxxxx	xxxxxx

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CHANGES IN FORM PHS-5 IN THE NUMBER AND CLASSIFICATION OF GENERAL HOSPITALS SINCE
THE LAST STATE PLAN REVISION

- R-2 Kalispell, Kalispell General Hospital - 9 bed increase through rearrangement of services.
- R-2 Polson, Hotel Dieu Hospital - New facility under construction to provide 40 general hospital beds for Indians and non Indians.
- R-4 Hamilton, Marcus Daly Hospital - 3 bed increase through rearrangement of services.
- I-1 Ronan, St. Luke Community Hosp. - 2 bed increase through rearrangement of services.
- I-1 St. Ignatius, Holy Family Hospital - Previously classified as non-acceptable due to non-fire resistive construction with poor functional arrangement.
- I-1 Missoula, Memorial Hospital. Previously classified as 47 "Acceptable" beds, reclassified to 43 beds "non-acceptable" due to deficiencies in construction and functional arrangement. Decrease in bed count of 4 beds due to minimum area requirements for patient rooms.
- I-1 Missoula, St. Patrick's Hospital. Bed count reduced from 268 beds to 225 beds "Acceptable". Recent construction provided for total of 268 beds; rooms having capacity for 40 beds are not equipped and therefore are not counted for inventory. The 3 bed decrease is due to rearrangement of services.
- R-5 Cut Bank, Glacier Comm.Hosp.-4 bed decrease. Ground floor rooms used for nursing home patients.
- R-10 Ft.Benton,St.Clare Hosp.- New facility under construction to provide 19 general hospital beds.
- I-3 Havre, Kennedy Deac.Hosp. - 21 bed increase through addition to present facility.
- I-3 Havre,Sacred Heart Hosp. - 14 bed decrease through rearrangement of services.
- R-12 Culbertson,Roosevelt Mem.Hosp. - 14 bed increase due to new addition to present facility.
- I-4 Glendive, Glendive General - 16 bed decrease. No longer being operated as a hospital. Presently operated as nursing home.
- I-4 Terry, Terry Comm.Hosp. - 4 bed decrease through rearrangement of services.
- R-17 Harlowton,Wheatland Mem.Hosp. - 2 bed increase through rearrangement of services.
- R-18 Livingston,Livingston Mem.Hosp.-4 bed increase,private rooms now semi-private.
- I-5 Hardin, Big Horn Comm. Hosp. - New facility under construction to provide 14 general hospital beds.
- R-20 Deer Lodge,St.Joseph Hosp.- Previously listed as a 45 bed facility;on basis of minimum bed areas this is a 25 bed hospital. While structure is of fire resistive construction it has poor functional arrangement and is deficient in basic services.
- R-22 Dillon,Barratt Hosp.-4 bed increase through rearrangement now has 4 bed pediatric unit. Facility classified as "replaceable" as it will not serve as basis for a future expansion program.
- R-24 Bozeman,Deaconess Hosp.,2 bed decrease due to remodeling & rearrangement of services.
- I-6 Helena, St.Peter's Hosp., 5 bed decrease due to rearrangement of services.
- I-6 Helena,Shodair Hosp., 5 bed decrease due to rearrangement of services.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
 PUBLIC HEALTH SERVICE
 WASHINGTON 25, D. C.

1. Page <u>1</u> of <u>6</u>	2. DATE Feb. 10, 1959
3. REGION NORTHWESTERN	4. STATE MONTANA

GENERAL HOSPITALS SUMMARY

 FORM APPROVED
 BUDGET BUREAU NO. 68-R301.4

BASIC DATA

PLAN OF DISTRIBUTION

AREA 5.	COMMUNITY IN WHICH EXISTING SUITABLE OR PROPOSED FACILITIES ARE OR WILL BE LOCATED 6.	CIVILIAN POPULATION OF AREA 7.	BED ALLOWANCE BASED ON AREA RATIO 8.	EXISTING SUITABLE BEDS 9.	TOTAL BEDS PLANNED 10.	NUMBER OF BEDS PLANNED PER 1,000 POPULATION 11.	ADDITIONAL BEDS PROPOSED FOR CONSTRUCTION 12.	PERCENT OF NEEDS MET 13.
NORTHWESTERN		<u>125,000</u>	<u>518</u>	<u>624</u>	<u>708</u>	<u>5.7</u>	<u>84</u>	<u>88.1</u>
R-1	Lincoln Co. Libby - St. John's Luth. Eureka	<u>12,700</u>	<u>44</u>	<u>34</u>	<u>44</u>	<u>3.5</u>	<u>10</u>	<u>77.3</u>
R-2	Whitefish Mem.Hosp. Kalispell Gen.Hosp. Flathead Co.Hosp. Polson - Hotel Dieu	<u>39,100</u>	<u>137</u>	<u>173</u>	<u>173</u>	<u>4.4</u>	<u>0</u>	<u>100.0</u>
R-3	Hot Springs (Sanders Co. Hosp.)	<u>7,100</u>	<u>25</u>	<u>21</u>	<u>25</u>	<u>3.5</u>	<u>4</u>	<u>84.0</u>
R-4	Hamilton (Marcus Daly Hosp)	<u>12,000</u>	<u>42</u>	<u>46</u>	<u>46</u>	<u>3.8</u>	<u>0</u>	<u>100.0</u>
I-1	Ronan - St.Luke St.Ignatius-Holy Family Superior-Mineral Hosp. Missoula--St.Patrick " N.P.B.A. Hosp. " Memorial	<u>54,100</u>	<u>270</u>	<u>350</u>	<u>420</u>	<u>7.8</u>	<u>70</u>	<u>83.3</u>
STATE TOTALS (Last page)								
14. Beds allowed by State Ratio (Population X State Ratio)								
15. Excess beds from original plan								
16. TOTAL BEDS ALLOWED UNDER P.L. 725 (14 + 15)								

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
 PUBLIC HEALTH SERVICE
 WASHINGTON 25, D. C.

1. Page <u>2</u> of <u>6</u>	2. DATE <u>Feb. 10, 1959</u>
3. REGION <u>NORTHERN</u>	4. STATE <u>MONTANA</u>

GENERAL HOSPITALS SUMMARY

 FORM APPROVED
 BUDGET BUREAU NO. 56-R301.4

BASIC DATA					PLAN OF DISTRIBUTION			
AREA	COMMUNITY IN WHICH EXISTING SUITABLE OR PROPOSED FACILITIES ARE OR WILL BE LOCATED	CIVILIAN POPULATION OF AREA	BED ALLOWANCE BASED ON AREA RATIO	EXISTING SUITABLE BEDS	TOTAL BEDS PLANNED	NUMBER OF BEDS PLANNED PER 1,000 POPULATION	ADDITIONAL BEDS PROPOSED FOR CONSTRUCTION	PERCENT OF NEEDS MET
5.	6.	7.	8.	9.	10.	11.	12.	13.
NORTHERN		<u>162,800</u>	<u>727</u>	<u>823</u>	<u>824</u>	<u>5.1</u>	<u>1</u>	<u>99.9</u>
R-5	Cut Bank - Glacier Mem	<u>11,600</u>	<u>41</u>	43 <u>43</u>	<u>43</u>	<u>3.7</u>	<u>0</u>	<u>100.0</u>
R-6	Shelby--Toole Co.Mem. Conrad-St.Mary's Hosp	<u>15,000</u>	<u>53</u>	30 <u>80</u> 50	30 <u>80</u> 50	<u>5.3</u>	<u>0</u>	<u>100.0</u>
R-7	Malta - Malta Hosp.	<u>5,300</u>	<u>19</u>	<u>30</u>	<u>30</u>	<u>5.7</u>	<u>0</u>	<u>100.0</u>
R-8	Glasgow-Frances Mahon Deaconess	<u>13,800</u>	<u>48</u>	<u>60</u>	<u>60</u>	<u>4.3</u>	<u>0</u>	<u>100.0</u>
R-9	Choteau-Teton Co.Mem.	<u>7,600</u>	<u>27</u>	<u>27</u>	<u>27</u>	<u>3.5</u>	<u>0</u>	<u>100.0</u>
R-10	Ft.Benton--St.Clare	<u>5,800</u>	<u>20</u>	<u>19</u>	<u>20</u>	<u>3.4</u>	<u>1</u>	<u>95.0</u>
I-2	St.Falls-Mont. Deac.	<u>73,700</u>	<u>369</u>	<u>384</u>	<u>384</u>	<u>5.2</u>	<u>0</u>	<u>100.0</u>
	" " Columbus			171 <u>213</u>	171 <u>213</u>			
I-3	Chester	<u>30,000</u>	<u>150</u>	<u>180</u>	<u>180</u>	<u>6.0</u>	<u>0</u>	<u>100.0</u>
	Havre - Kennedy Deac.			10 <u>74</u> 96	10 <u>74</u> 96			
	" - Sacred Heart							
STATE TOTALS (Last page)								
14. Beds allowed by State Ratio (Population X State Ratio)								
15. Excess beds from original plan								
16. TOTAL BEDS ALLOWED UNDER P.L. 725 (14 + 15)								

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
WASHINGTON 25, D. C.

GENERAL HOSPITALS SUMMARY

FORM APPROVED
BUDGET BUREAU NO. 68-R301.4

1. Page <u>4</u> of <u>6</u>	2. DATE <u>Feb. 10, 1959</u>
3. REGION <u>SOUTHERN</u>	4. STATE <u>MONTANA</u>

BASIC DATA

PLAN OF DISTRIBUTION

AREA	COMMUNITY IN WHICH EXISTING SUITABLE OR PROPOSED FACILITIES ARE OR WILL BE LOCATED	CIVILIAN POPULATION OF AREA	BED ALLOWANCE BASED ON AREA RATIO	EXISTING SUITABLE BEDS	TOTAL BEDS PLANNED	NUMBER OF BEDS PLANNED PER 1,000 POPULATION	ADDITIONAL BEDS PROPOSED FOR CONSTRUCTION	PERCENT OF NEEDS MET
S.	6.	7.	8.	9.	10.	11.	12.	13.
<u>SOUTHERN</u>		<u>148,400</u>	<u>652</u>	<u>574</u>	<u>722</u>	<u>4.9</u>	<u>148</u>	<u>79.5</u>
R-16	Lewistown-St. Joseph	<u>17,200</u>	<u>60</u>	<u>100</u>	100 <u>100</u>	<u>5.8</u>	<u>0</u>	<u>100.0</u>
R-17	Roundup-Roundup Mem. Harlowton-Wheatland Mem.	<u>9,900</u>	<u>35</u>	<u>48</u>	17 <u>48</u> 31	<u>4.8</u>	<u>0</u>	<u>100.0</u>
R-18	Livingston--Livingston Com. Mem.	<u>16,700</u>	<u>58</u>	<u>75</u>	<u>75</u>	<u>4.5</u>	<u>0</u>	<u>100.0</u>
R-19	Big Timber--Sweet Grass	<u>15,700</u>	<u>55</u>	<u>53</u>	58 <u>55</u> 17	<u>3.5</u>	<u>2</u>	<u>96.4</u>
I-5	Columbus-Stillwater Co. Red Lodge-Carbon Co.	<u>88,900</u>	<u>444</u>	<u>298</u>	24 <u>444</u> 29	<u>5.0</u>	<u>146</u>	<u>67.3</u>
	Billings--St. Vincent's " Deaconess " (Not Programmed) Hardin - Big Horn Co.			168 116 14	168 200 62 14		84 62	
STATE TOTALS (Last page)								
14. Beds allowed by State Ratio (Population X State Ratio)								
15. Excess beds from original plan								
16. TOTAL BEDS ALLOWED UNDER P.L. 725 (14 + 15)								

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
WASHINGTON 25, D. C.

GENERAL HOSPITALS SUMMARY

FORM APPROVED
BUDGET BUREAU NO. 66-R301.4

1. Page <u>5</u> of <u>6</u>	2. DATE <u>Feb. 10, 1959</u>
3. REGION <u>SOUTHWESTERN</u>	4. STATE <u>MONTANA</u>

BASIC DATA

PLAN OF DISTRIBUTION

AREA 5.	COMMUNITY IN WHICH EXISTING SUITABLE OR PROPOSED FACILITIES ARE OR WILL BE LOCATED 6.	CIVILIAN POPULATION OF AREA 7.	BED ALLOWANCE BASED ON AREA RATIO 8.	EXISTING SUITABLE BEDS 9.	TOTAL BEDS PLANNED 10.	NUMBER OF BEDS PLANNED PER 1,000 POPULATION 11.	ADDITIONAL BEDS PROPOSED FOR CONSTRUCTION 12.	PERCENT OF NEEDS MET 13.
<u>SOUTHWESTERN</u>		<u>162,200</u>	<u>729</u>	<u>802</u>	<u>886</u>	<u>5.5</u>	<u>84</u>	<u>90.5</u>
R-20	Philipsburg-Granite Co. Deer Lodge-St. Joseph's	<u>10,200</u>	<u>36</u>	<u>14</u> 14 0	<u>44</u> 14 30	<u>4.3</u>	<u>30</u>	<u>31.8</u>
R-21	Townsend-Broadwater White Sul. Spgs.-Mtn View	<u>4,900</u>	<u>17</u>	<u>40</u> 32 8	<u>40</u> 0 0	<u>8.2</u>	<u>0</u>	<u>100.0</u>
R-22	Dillon--Barrett Hosp.	<u>6,800</u>	<u>24</u>	<u>26</u> R/	<u>26</u>	<u>3.8</u>	<u>0</u>	<u>100.0</u>
R-23	Whitehall	<u>4,200</u>	<u>15</u>	<u>0</u>	<u>15</u>	<u>3.5</u>	<u>15</u>	<u>0</u>
R-24	Bozeman--Deac. Hosp.	<u>25,100</u>	<u>88</u>	<u>80</u>	<u>88</u>	<u>3.5</u>	<u>8</u>	<u>90.9</u>
R-25	Sheridan-Sheridan Emer. Ennis--Madison Valley	<u>4,200</u>	<u>15</u>	<u>9</u> 0 9	<u>21</u> 12 9	<u>5.0</u>	<u>12</u> 12 0	<u>42.8</u>
STATE TOTALS (Last page)								
14. Beds allowed by State Ratio (Population X State Ratio)								
15. Excess beds from original plan								
16. TOTAL BEDS ALLOWED UNDER P.L. 725 (14 + 15)								

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
 PUBLIC HEALTH SERVICE
 WASHINGTON 25, D. C.

GENERAL HOSPITALS SUMMARY

 FORM APPROVED
 BUDGET BUREAU NO. 55-R301.4

1. Page <u>6</u> of <u>6</u>	2. DATE Feb. 10, 1959
3. REGION SOUTHWESTERN (Contd.)	4. STATE MONTANA

BASIC DATA					PLAN OF DISTRIBUTION			
AREA	COMMUNITY IN WHICH EXISTING SUITABLE OR PROPOSED FACILITIES ARE OR WILL BE LOCATED	CIVILIAN POPULATION OF AREA	BED ALLOWANCE BASED ON AREA RATIO	EXISTING SUITABLE BEDS	TOTAL BEDS PLANNED	NUMBER OF BEDS PLANNED PER 1,000 POPULATION	ADDITIONAL BEDS PROPOSED FOR CONSTRUCTION	PERCENT OF NEEDS MET
5.	6.	7.	8.	9.	10.	11.	12.	13.
I-6	Helena - St. John's " - St. Peter's " - Shodair " - Not Programmed	<u>29,600</u>	<u>148</u>	85 73 22	<u>180</u> 85 73 22 19	<u>6.7</u>	19	<u>90.4</u>
I-7	Anaconda--St. Ann's Butte - Butte Comm. " St. James " Silver Bow Co.	<u>77,200</u>	<u>386</u>	99 166 160 28	<u>453</u> 99 166 160 28	<u>5.9</u>	0	<u>100.0</u>
STATE TOTALS (Last page)		682,000	2,966	3,299	3,686		387	
14. Beds allowed by State Ratio (Population X State Ratio)				3,751	484 Res. Pool Beds	484 Res. Pool Beds		
15. Excess beds from original plan				419	4,170	571		
16. TOTAL BEDS ALLOWED UNDER P.L. 725 (14 + 15)				4,170				

ASSIGNMENT OF BEDS

- R-1 Because of the hazardous nature of the lumber industry, 10 beds are provided for a community health facility at Eureka.
- I-1 St. Ignatius, Holy Family Hospital - This facility is classified as having 50 "non-acceptable" beds due to structure being of non-fire resistive construction. Provision is made for a new 20-bed general hospital and a 10-bed nursing home unit to serve the Indian and non-Indian population.
- I-1 Missoula, Memorial Hospital. Provision is made for the construction of a 50-bed general hospital to replace the existing facility which is classified as "non-acceptable".
- R-12 Wolf Point and Poplar, Proposed for construction is a 39-bed general hospital at Wolf Point and a combination 22-bed general hospital and 20-bed nursing home at Poplar. Both community facilities to serve the Indian and non-Indian population in the area.
- R-15 Broadus. Provision is made for a 9-bed community health facility to serve Powder River County which is isolated and has no hospital facilities.
- I-5 Billings. Billings Deaconess Hospital assigned 84 beds for construction due to high percentage of occupancy of existing hospital.
- Not programmed are 62 beds which represent the balance of the bed allowance based on area ratio, for the service area.
- R-20 Deer Lodge, St. Joseph's Hospital, assigned 30 beds to allow for the construction of 30-bed general hospital, with remodeling of existing facility to provide nursing home and nurses home.
- R-23 Whitehall. Assigned 15 beds to provide a small general hospital of 15 beds.
- R-23 Sheridan. Assigned 12 beds to allow for the construction of a 12-bed small general hospital to replace the Sheridan Emergency Hospital which is classified as having "non-acceptable" beds.
- I-6 Helena. Not programmed are 19 beds. These beds are proposed for construction by either St. John's Hospital or St. Peter's Hospital to provide a 100 bed general hospital.
- Pool Bed Reserve. The pool bed reserve of 484 beds is for assignment to hospital service areas in the State as may be required on the basis of need for additional beds.

The General Hospital Summary, Column 12 indicates additional beds proposed for construction on the basis of bed allowance based on area ratio as follows: R-3, Hot Springs, 4 beds; R-10, Fort Benton, 1 bed; R-19, Columbus - Red Lodge, 2 beds; and R-24, Bozeman, 8 beds. It is improbable that these will be scheduled for construction.

AREA PRIORITIES

Section 53.74 of the PHS Regulations provides that the priority of general hospital projects shall be determined after consideration of the following factors in the order of importance as given:

- a. The relative need for beds in the area (base: intermediate or rural), in which the project will be located taking into account the utilization of existing general hospital beds in the area.
- b. The extent to which beds will be made available for groups of the population which for any reason are less adequately served than other groups of the population.

The PHS Regulations also state that initial installations and additions to existing facilities shall be given priority over replacements except:

- a. Where replacement is of minor character and necessary to the provision of acutely needed additional facilities or
- b. Where replacement is essential to eliminate an existing needed facility which constitutes a public hazard.

Priorities, as shown on the Relative Need Report, are based on the need presently met by existing acceptable hospital beds within an area as applied against the total general bed needs of that area.

A factor, on the basis of community need has been introduced to establish a priority sequence in the Group "A" priority bracket. This factor is the sum of each community's respective rurality and financial factors in addition to factors for new installations over replacements and distance to the nearest hospital. On this basis, the community having the highest factor has the highest position in the Group "A" priority bracket.

The rurality factor was determined by computing the percent rural population for each area. For this calculation the population of incorporated towns of 2,500 or more was considered urban.

The financial factor was determined by using estimates from "Effective Buying Income Per Capita" as given in Sales Management. A ratio was determined for each community by calculating for each county, or counties, included in a hospital area the percent of the county per capita buying income to the State per capita buying income.

The above ratio has not been assigned in Groups B and C priority, since there are only slight differences in the percent of need met.

5-47

FEDERAL SECURITY AGENCY-
U. S. PUBLIC HEALTH SERVICE
WASHINGTON 25, D. C.

FORM APPROVED
BUREAU OF BUDGET NO. 68-R304
EXPIRATION DATE SEPT. 30, 1948

RELATIVE NEED REPORT

NOTE: - SEE REVERSE SIDE FOR INSTRUCTIONS ON THIS FORM.

This form must be submitted for:

- a. General Hospitals
b. Chronic Disease, Mental and Tuberculosis Hospitals only if programmed on LESS THAN STATE WIDE BASIS.

*This form SHOULD NOT be filled out for
Public Health Centers.*

I. PAGE 1 OF 1

2. DATE Feb. 10, 1959

3. STATE MONTANA

4. CATEGORY General

PRIORITY (5)	AREA (6)	PERCENTAGE OF NEED MET (7)	PRIORITY (5)	AREA (6)	PERCENTAGE OF NEED MET (7)
<u>Group A</u> 0-70%	R-23 Whitehall	0	<u>Group D</u> 100%	R-2	100%
	R-12	28.2		Kalispell	
	Wolf Point			R-4.	100%
	Poplar			Hamilton	
	R-20	31.8		R-5	100%
	Deer Lodge			Cut Bank	
	R-25	42.8		R-6	100%
	Sheridan			Shelby	
	R-15	64.0		R-8	100%
	Broadus			Glasgow	
	I-5	67.3		R-9	100%
	Billings			Choteau	
<u>Group B</u> 71-90%	R-1	77.3		R-10	100%
	Libby			Malta	
	Eureka			R-11	100%
	I-1	83.3		Scobey & Plentywood	
	Missoula			R-13	100%
	St. Ignatius			Jordan & Forsyth	
	R-3	84.0		R-14	100%
	Hot Springs			Circle & Sidney	
	I-6	90.4		R-16	100%
	Helena			Lewistown	
	R-24	90.9		R-17	100%
	Bozeman			Roundup & Harlowton	
<u>Group C</u> 91-99%	R-19	96.4		R-18	100%
	Columbus			Livingston	
	R-10	95.0		R-21	100%
	Fort Benton			Townsend & White Sul. Spgs.	
				R-22	100%
				Dillon	
				I-2	100%
				Gt. Falls	
				I-4	100%
				Miles City	
				I-7	100%
				Butte	

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE
WASHINGTON 25, D. C.

FORM APPROVED
BUREAU OF BUDGET NO. 98-2290
EXPIRATION DATE JUNE 30, 1955

ACCEPTABLE AND NON-ACCEPTABLE
HOSPITALS REPORT

NOTE: - SEE REVERSE SIDE FOR INSTRUCTIONS ON USE OF THIS FORM

5. LIST OF ACCEPTABLE AND NON ACCEPTABLE Tuberculosis HOSPITAL FACILITIES AND HOSPITAL BEGS

1. PAGE 1 OF 1
2. DATE Feb. 10, 1959
3. STATE Montana
4. REGION Statewide

AREA (6)	NAME OF FACILITY (7)	LOCATION		OWNER- SHIP OR CONTROL (10)	MEDICAL TYPE (11)	BED CAPACITY		NUMBER OF BASSINETS (14)	% OCCUPANCY (15)	NUMBER OF	
		COUNTY (8)	CITY OR TOWN (9)			ACCEPTABLE (12)	NON- ACCEPTABLE (13)			PATIENT DAYS (16)	PATIENTS ADMITTED (17)
	Montana State T. B. San	Deer Lodge	Galen	State	T.B.	285		0	76.8	79,994	737
REGIONAL TOTAL									xxx	xxxxx	xxxxx
STATE TOTAL						285		0	xxx	xxxxx	xxxxx

NOTE: - *If region report requires more than one sheet, enter totals on LAST SHEET ONLY and cut off bottom of other sheets on this line.

**Cut off bottom of all sheets EXCEPT LAST SHEET on which will appear the totals for the State.

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
WASHINGTON 25, D.C.

FORM APPROVED
BUREAU OF BUDGET NO. 68-2302.3

TUBERCULOSIS, MENTAL,
CHRONIC DISEASE SUMMARY

NOTE:- SEE REVERSE SIDE FOR INSTRUCTIONS
ON USE OF THIS FORM

1. PAGE 1 OF 1
2. DATE Feb. 10, 1959
3. STATE MONTANA
4. AREA Statewide

DESCRIPTION OF Tuberculosis FACILITIES
Tuberculosis, Mental, Chronic Disease

5. POPULATION <u>682,000</u>	6. ANNUAL AVERAGE NO. OF T.B. DEATHS IN STATE 1940 - 1944 INCL. <u>205</u>	7. TOTAL BEDS ALLOWED BY STATE RATIO <u>365</u>
8. TOTAL EXISTING ACCEPTABLE BEDS <u>285</u>	9. NET ADDITIONAL BEDS NEEDED (Item 7 minus Item 8) <u>80</u>	

10. ADDITIONAL FACILITIES PROPOSED FOR STATE

COMMUNITY (a)	IDENTIFICATION OF FACILITY (Attach Additional Sheets if Necessary) (b)	NET ADDITIONAL NUMBER OF BEDS (c)																																	
	<p>None at present. Low occupancy of existing facilities indicate that current bed capacity for T.B. patients is adequate.</p> <p>Annual death rate for the years 1940-1944 taken from the National Office of Vital Statistics,</p> <table> <tr><td>1940</td><td>-</td><td>231</td></tr> <tr><td>1941</td><td>-</td><td>214</td></tr> <tr><td>1942</td><td>-</td><td>201</td></tr> <tr><td>1943</td><td>-</td><td>206</td></tr> <tr><td>1944</td><td>-</td><td>175</td></tr> <tr><td></td><td></td><td><u>1,027</u></td></tr> <tr><td></td><td>Total</td><td></td></tr> <tr><td></td><td>Average</td><td><u>205</u></td></tr> </table> <p>Active and probably active new cases in the years 1956 and 1957 reported to the Tuberculosis Division of the U.S. Public Health Service</p> <table> <tr><td>1956</td><td>-</td><td>245</td></tr> <tr><td>1957</td><td>-</td><td>241</td></tr> <tr><td></td><td>Average</td><td><u>243</u></td></tr> </table>	1940	-	231	1941	-	214	1942	-	201	1943	-	206	1944	-	175			<u>1,027</u>		Total			Average	<u>205</u>	1956	-	245	1957	-	241		Average	<u>243</u>	
1940	-	231																																	
1941	-	214																																	
1942	-	201																																	
1943	-	206																																	
1944	-	175																																	
		<u>1,027</u>																																	
	Total																																		
	Average	<u>205</u>																																	
1956	-	245																																	
1957	-	241																																	
	Average	<u>243</u>																																	
(d) TOTAL ADDITIONAL NUMBER OF BEDS																																			

11. COMMENTS (Attach Additional Sheets if Required)

Regulations provide that T.B. beds will be planned on the basis of 2.5 times the average annual death rate over the period 1940-44 or 1.5 times the average number of active or probably active found annually for the latest two years, in no case to exceed the number allowed by the first method; therefore, 365 is the controlling limit of need.

MENTAL BEDS

Section 53.21 of the PHS Regulations states that the maximum number of beds required to provide adequate hospital services for mental patients shall be five beds per thousand population. Taking into consideration 1,906 existing acceptable beds, an additional 1,504 beds are needed.

A \$2,000,000.00 Referendum for expansion of facilities at the Montana State Hospital at Warm Springs was voted in 1954. This has been applied toward the construction of a receiving hospital and treatment building with a capacity of an additional 150 beds. This project is now under construction.

Current planning recognizes that some of the diagnostic and treatment facilities of the general hospital can often be utilized for treatment of mental patients thereby eliminating some duplication of equipment. The PHS Regulations recommend that "Whenever practicable, mental hospitals receiving Federal grants under the Act shall be located in centers of population in proximity to general hospitals".

In line with the above recommendations it is planned that some of the beds will be allocated to permit the development of psychiatric wards in or attached to general hospitals where intensive treatment and mental hygiene services may obviate the need for commitment of some patients to the State Hospital. To permit equitable distribution throughout the state four regions comprised of areas to be served are delineated wherein construction of such psychiatric units can reasonably be expected to be developed in connection with the larger hospitals.

PRIORITY OF PROJECTS

The priority of construction projects will be determined as follows:

1. Special consideration will be given to psychiatric units to be operated as sub-units of general hospitals located in the four major cities of Great Falls, Billings, Missoula and Butte.
2. Beds on a statewide basis.

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE
WASHINGTON 25, D. C.

FORM APPROVED
BUREAU OF BUDGET NO. 49-8209
EXPIRATION DATE JUNE 30, 1950

ACCEPTABLE AND NON-ACCEPTABLE
HOSPITALS REPORT

NOTE: - SEE REVERSE SIDE FOR INSTRUCTIONS ON USE OF THIS FORM

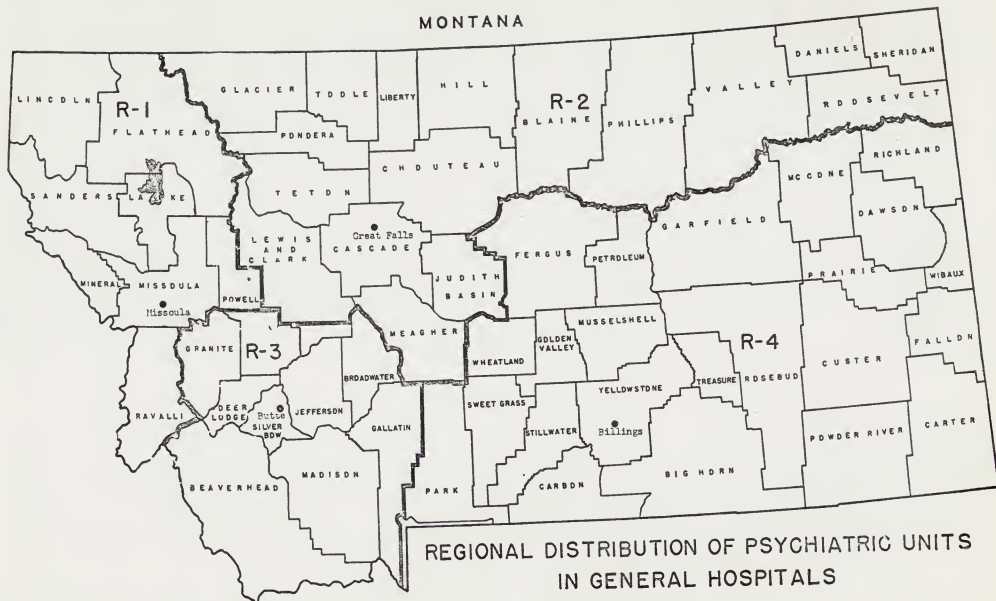
1. PAGE 1 OF 1
2. DATE Feb. 10, 1959
3. STATE MONTANA
4. REGION Statewide

5. LIST OF ACCEPTABLE AND NON ACCEPTABLE Mental HOSPITAL FACILITIES AND HOSPITAL BEDS

AREA (6)	NAME OF FACILITY (7)	LOCATION		OWNER- SHIP OR CONTROL (10)	MEDICAL TYPE (11)	BED CAPACITY		NUMBER OF BASSINETS (14)	% OCCUPANCY (15)	NUMBER OF	
		COUNTY (8)	CITY OR TOWN (9)			ACCEPTABLE (12)	NON- ACCEPTABLE (13)			PATIENT DAYS (16)	PATIENTS ADMITTED (17)
-3	Montana State	Deer Lodge	Warm Springs	State N & M		1580 150		0	110.7%	638,750	1,547 Receiving Hosp. under Constr
-2	Montana Deac.	Cascade	Gt. Falls	Ch. Psych.		28		0	N.A.		
-4	St. Vincent	Yellowstone	Billings	Ch. Psych.		12		0	N.A.		
-4	Home for Senile Aged	Fergus	Lewistown	State N & M		136		0	82.6	41,029	21
CHANGES ON PHS-5 - Mental											
-3	Montana State Hospital	- Warm Springs The following is a quotation received in a letter from C.L. Harrington, Asst. Supt., Montana State Hospital: "Based on the available space and the prescribed number of square feet per bed, according to the standards of the American Psychiatric Association, we should have at the present time not to exceed 1,580 beds. Our inconsistency is caused by an interchange of the number of beds we actually have occupied and the number that we should have to meet the aforementioned prescribed standards."									
	New construction of a	150 bed Receiving Hospital is under way with the approximate completion date of May 1, 1959.									
REGIONAL TOTAL						1906			xxx	xxxxx	xxxxxx
STATE TOTAL									xxx	xxxxx	xxxxxx

NOTE: - *If region report requires more than one sheet, enter totals on LAST SHEET ONLY and cut off bottom of other sheets on this line.
**Cut off bottom of all sheets EXCEPT LAST SHEET on which will appear the totals for the State.

MONTANA



REGIONAL DISTRIBUTION OF PSYCHIATRIC UNITS
IN GENERAL HOSPITALS

FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
WASHINGTON 25, D. C.

FORM APPROVED
BUREAU OF BUDGET NO. 68-8304
EXPIRATION DATE SEPT. 30, 1948

RELATIVE NEED REPORT

NOTE: - SEE REVERSE SIDE FOR INSTRUCTIONS ON THIS FORM.

This form must be submitted for:

- a. General Hospitals
- b. Chronic Disease, Mental and Tuberculosis Hospitals only if programmed on LESS THAN STATE WIDE BASIS.

This form SHOULD NOT be filled out for Public Health Centers.

1. PAGE 1 OF 1

2. DATE Feb. 10, 1959

3. STATE MONTANA

4. CATEGORY Mental

PRIORITY (5)	AREA (6)	PERCENTAGE OF NEED MET (7)	PRIORITY (5)	AREA (6)	PERCENTAGE OF NEED MET (7)
A 0-29%	R-1 Missoula	0			
	R-3 Butte	0			
B 30-50%	R-4 Billings	30.			
C 51-80%	R-2 Great Falls	52.80			
D 81-100%	State	89.2			

PUBLIC HEALTH CENTER FACILITIES

Provision for construction of Health Centers has been made in the Hospital Survey and Construction Act, Public Law No. 725 as amendments with the following statement regarding State allowance:

"The number of Public Health Centers in a state (counting those existing as well as those provided with aid under the Act) shall not exceed one per 20,000 of state population. The existing facilities determined to be unsuitable shall be excluded."

On the basis of population, Montana is authorized a total of thirty four health centers.

The basis for development of the Public Health Centers in the tentative state plan is the result of the study made by the Division of Local Health Services in cooperation with Dr. Haven Emerson of Columbia University. Health center areas, as shown on the accompanying map, were suggested in the report of that study, dated 1945. It is planned to have one Public Health Center in each of the thirteen areas, and in addition certain auxiliary centers, one of them being at Anaconda. There are no acceptable Public Health Centers in the State at the present time. An "A" priority will be assigned to any city or community having a local health department under provisions of Montana Law, Section 69, Chapter 8, R.C.M. 1947, and making application for the construction of a Public Health Center or a local health office.

The State Board of Health is presently organizing local health departments throughout the State. As the organization of local health departments progresses, the health center areas, as shown on the accompanying map, will be altered and boundary and area adjustments will be required.

CHRONIC DISEASE HOSPITALS

Chronic Disease Hospitals are included under Part C and Part G of the program and for the purpose of this plan are discussed under Part G on Pages 43 to 47 inclusive. Applications for Chronic Disease facilities will be considered either under Part C or Part G depending on the availability of funds within the established provisions and priorities in the Plan.

FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
WASHINGTON 25, D. C.FORM APPROVED
BUREAU OF BUDGET NO. 66-8303
EXPIRATION DATE SEPT. 30, 1960

PUBLIC HEALTH CENTERS REPORT

NOTE:- SEE REVERSE SIDE FOR INSTRUCTIONS ON USE OF THIS FORM.
Attach to this form a brief explanation of the factors considered in
distributing Public Health Centers.1. PAGE 1 OF 4
2. DATE Feb. 10, 1959
3. STATE Montana4. MAXIMUM NUMBER OF PUBLIC HEALTH CENTERS ALLOWED BY STATE RATIO 34

POLITICAL SUBDIVISION WHICH EXISTING OR PROPOSED FACILITY WILL SERVE (5)	POPULATION OF POLITICAL SUBDIVISION (6)	NAME OF LOCAL HEALTH UNIT SERVING POLITICAL SUBDIVISION (Shown in Col. 5) (7)	FACILITIES				DESCRIPTION OF AUXILIARY FACILITIES (12)
			EXISTING ACCEPTABLE		PROGRAMMED		
			P.H.C. (8)	AUXIL. (9)	P.H.C. (10)	AUXIL. (11)	
I Flathead Lincoln Lake (part) Sanders (part)	60,000	Kalispell	0	0	1	0	
II Glacier Pondera Toole Teton (part)	32,400	Shelby	0	0	1	0	
III Blaine Hill Liberty Chouteau (part) Phillips (part)	32,000	Havre	0	0	1	0	
IV Daniels Phillips (part) Roosevelt Sheridan Valley	39,100	Glasgow	0	0	1	0	

STATE TOTAL							

NOTE: - *Cut off bottom of all sheets on this line EXCEPT LAST SHEET on which will appear the totals for the State.

FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
WASHINGTON 25, D. C.

FORM APPROVED
BUREAU OF BUDGET NO. 68-PJ03
EXPIRATION DATE SEPT. 30, 1948

PUBLIC HEALTH CENTERS REPORT

NOTE:- SEE REVERSE SIDE FOR INSTRUCTIONS ON USE OF THIS FORM.
Attach to this form a brief explanation of the factors considered in
distributing Public Health Centers.

1. PAGE 2 OF 4
2. DATE Feb. 10, 1959
3. STATE Montana

4. MAXIMUM NUMBER OF PUBLIC HEALTH CENTERS ALLOWED BY STATE RATIO 34

-37-

POLITICAL SUBDIVISION WHICH EXISTING OR PROPOSED FACILITY WILL SERVE (5)	POPULATION OF POLITICAL SUBDIVISION (6)	NAME OF LOCAL HEALTH UNIT SERVING POLITICAL SUBDIVISION (Shown in Col. 5) (7)	FACILITIES				DESCRIPTION OF AUXILIARY FACILITIES (12)
			EXISTING ACCEPTABLE		PROGRAMMED		
			P.M.C. (8)	AUXIL. (9)	P.M.C. (10)	AUXIL. (11)	
V Dawson McCone Prairie (part) Richland Wibaux	29,000	Glendive	0	0	1	0	
VI Carter Custer Fallon Garfield Powder River Rosebud Treasure Big Horn (part) Prairie (part)	39,800	Miles City	0	0	1	0	
VII Big Horn (part) Carbon Golden Valley (part) Stillwater Yellowstone Musselshell (part) Sweet Grass (part)	105,300	Billings	0	0	1	0	
STATE TOTAL							

NOTE: -*Cut off bottom of all sheets on this line EXCEPT LAST SHEET on which will appear the totals for the State.

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE

PH-5-52 (17)
5-67

FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
WASHINGTON 25, D. C.

FORM APPROVED
BUREAU OF BUDGET NO. 68-2503
EXPIRATION DATE SEPT. 30, 1948

PUBLIC HEALTH CENTERS REPORT

NOTE: - SEE REVERSE SIDE FOR INSTRUCTIONS ON USE OF THIS FORM.

Attach to this form a brief explanation of the factors considered in
distributing Public Health Centers.

1. PAGE 3 OF 4
2. DATE Feb. 10, 1959
3. STATE Montana

4. MAXIMUM NUMBER OF PUBLIC HEALTH CENTERS ALLOWED BY STATE RATIO 34

	POLITICAL SUBDIVISION WHICH EXISTING OR PROPOSED FACILITY WILL SERVE (5)	POPULATION OF POLITICAL SUBDIVISION (6)	NAME OF LOCAL HEALTH UNIT SERVING POLITICAL SUBDIVISION (Shown in Col. 5) (7)	FACILITIES				DESCRIPTION OF AUXILIARY FACILITIES (12)
				EXISTING ACCEPTABLE		PROGRAMMED		
				P. H. C. (8)	AUXIL. (9)	P. H. C. (10)	AUXIL. (11)	
VIII		27,300	Lewistown	0	0	1	0	
	Fergus							
	Judith Basin (part)							
	Musselshell (part)							
	Petroleum							
	Wheatland (part)							
	Golden Valley (part)							
	Meagher (part)							
IX		43,100	Bozeman	0	0	1	0	
	Gallatin							
	Park							
	Sweet Grass (part)							
	Wheatland (part)							
X		98,900	Butte	0	0	1	1*	Offices for nurse and doctor,
	Beaverhead		*Anaconda					examining room, conference
	Deer Lodge							room, small laboratory,
	Granite							utility room, bathroom.
	Jefferson (part)							
	Madison							
	Powell (part)							
	Silver Bow							
*								
STATE TOTAL								

NOTE: - *Cut off bottom of all sheets on this line EXCEPT LAST SHEET on which will appear the totals for the State.

FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
WASHINGTON 25, D. C.

FORM APPROVED
BUREAU OF BUDGET NO. 66-9303
EXPIRATION DATE SEPT. 30, 1968

PUBLIC HEALTH CENTERS REPORT

NOTE:- SEE REVERSE SIDE FOR INSTRUCTIONS ON USE OF THIS FORM.
Attach to this form a brief explanation of the factors considered in
distributing Public Health Centers.

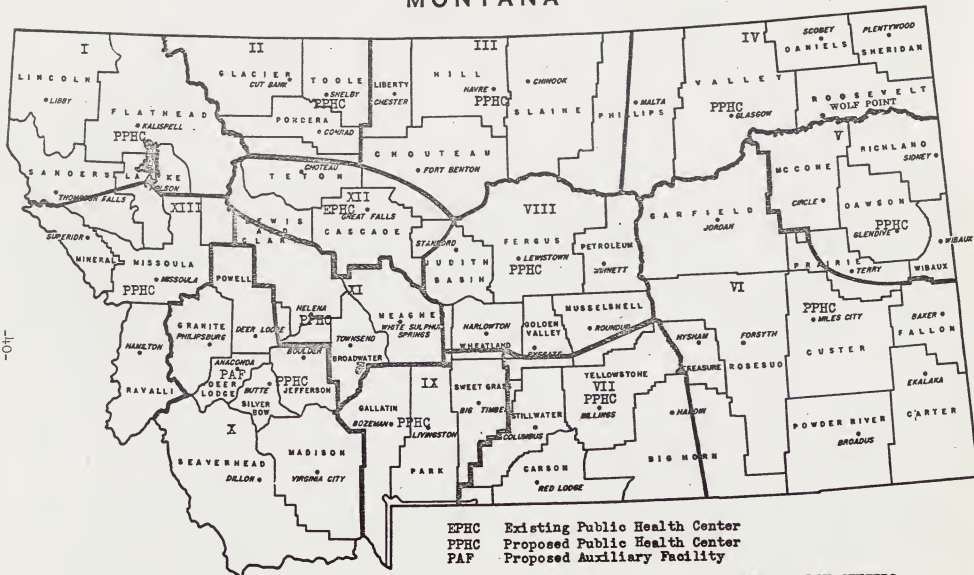
1. PAGE 4 OF 4
2. DATE Feb. 10, 1959
3. STATE Montana

4. MAXIMUM NUMBER OF PUBLIC HEALTH CENTERS ALLOWED BY STATE RATIO 34

POLITICAL SUBDIVISION WHICH EXISTING OR PROPOSED FACILITY WILL SERVE (5)	POPULATION OF POLITICAL SUBDIVISION (6)	NAME OF LOCAL HEALTH UNIT SERVING POLITICAL SUBDIVISION (Shown in Col. 5) (7)	FACILITIES				DESCRIPTION OF AUXILIARY FACILITIES (12)
			EXISTING ACCEPTABLE		PROGRAMMED		
			P.M.C. (8)	AUXIL. (9)	P.M.C. (10)	AUXIL. (11)	
XI Broadwater Lewis & Clark (part) Meagher (part) Jefferson (part) Powell (part)	36,000	Helena	0	0	1	0	
XII Cascade Chouteau (part) Judith Basin (part) Lewis & Clark (part) Teton (part)	78,500	Great Falls	1	0	0	0	
XIII Mineral Missoula Ravalli Lake (part) Powell (part) Sanders (part)	58,300	Missoula	0	0	1	0	
STATE TOTAL	682,000		1	0	12	1	

NOTE: - *Cut off bottom of all sheets on this line EXCEPT LAST SHEET on which will appear the totals for the State.

MONTANA



PUBLIC HEALTH CENTERS

NURSES' TRAINING FACILITIES AND DORMITORIES

The current revision of the State Plan again takes into account the need for facilities and dormitories for the training and housing of nurses. In some cases the housing facilities for student nurses are inadequate and unsuitable in their physical structure thereby discouraging some prospective student nurses from enrolling in schools of nursing.

The present program provides the following considerations:

1. Nurses training facilities operated in connection with general hospitals which provide trained nursing personnel for all hospitals in the State in addition to providing trained nurses for their own hospitals.
2. Nurses training facilities in connection with general hospitals affiliated with Montana colleges to provide trained nursing personnel for all hospitals in the State.
3. That to maintain the number of nurses being trained or to fulfill the necessary requirements of increased numbers of trained nurses, an "A" priority will be given to applicants having a School of Nursing or of Practical Nursing approved by the Montana State Board of Nursing. Not more than one project approved for financial assistance will be considered in any one year. Applications for Federal financial assistance in the construction of nurses' training facilities or dormitories will be considered in the following order:
 - (a) Where the existing school of nursing is housed in facilities that are inadequate or unsuitable because of non-fire resistive construction;
 - (b) Where the hospital school of nursing can demonstrate that the output of the school must be maintained by new construction or must be increased by construction of additional nurses training facilities.

Determination of the suitability or unsuitability of the physical structure of an existing facility is based on an evaluation of its construction to ascertain that it is structurally fire resistant.

Applications for remodeling of buildings of non-fire resistive construction can not be considered under existing Federal regulations.

The following Schools of Nursing are fully accredited by the Montana State Board of Nursing as of January 1, 1959:

Montana State College - Bozeman - Affiliated Schools are:

Montana Deaconess Hospital - Gt. Falls	Community Memorial Hosp. - Butte
Billings Deaconess Hospital - Billings	Montana State Hospital - Warm Springs

Carroll College - Helena - Affiliated Schools are:

St. James Hospital - Butte	St. Vincent Hospital - Billings
----------------------------	---------------------------------

Other Schools of Nursing

Columbus Hospital - Great Falls
St. Patrick Hospital - Missoula
Holy Rosary Hosp. - Miles City*

Schools of Practical Nursing

Northern Montana College of Education and
Kennedy Deaconess Hospital - Havre
St. Joseph Hospital - Lewistown
Custer Co. Jr. College and Holy Rosary
Hospital - Miles City*

*Will discontinue School for Registered Nurses in 1960 - Starting School for Practical Nurses in 1959.

DEVELOPMENT OF THE CONSTRUCTION PROGRAM UNDER PART G

The grant of Federal funds (\$25,000) allotted to Montana for survey and planning in connection with Part G of the construction program is to assist the State on a matching basis (1) to make an inventory of the existing diagnostic and treatment centers, facilities for chronically ill, rehabilitation facilities and nursing homes (2) to survey the need for construction of facilities (3) to develop construction programs for such types of facilities.

Since no previous study has been made regarding chronic and nursing patients, it was necessary to connect basic information regarding the number and characteristics of those currently receiving care in facilities now licensed as nursing homes and homes for the aged.

The survey information was secured by personal visits to the homes. Information was secured from hospitals regarding rehabilitation services and long term patients. Information on age distribution and population trends for the State of Montana was available from the Division of Vital Statistics and U.S. Census reports. Available pertinent information from licensing reports of the State Board of Health was used.

Hospitals giving emergency outpatient services and those with organized outpatient departments were checked regarding the diagnostic and treatment services given. Private offices of physicians and dentists were not checked.

The following proposed plan is general and it is realized that much additional study will be needed as the program develops. Programs for all categories will be re-evaluated in relation to each other and so coordinated that facilities for the most effective medical and nursing care of all patients will be made available. The Board of Health will utilize pertinent information and recommendations of the Health Planning Council which has recently been organized with a sub-committee concerned specifically with needs of the handicapped.

In addition to the general outline of construction as proposed, within the respective categories, the sponsor of each project construction application will be required to justify the need for the proposed facility, the kind and extent of services to be provided, the availability of necessary staff, and a program of operation on the basis of local community studies and determinations.

CHRONIC DISEASE HOSPITALS

Section 53.1 of the PHS Regulations define chronic disease hospital as: "A hospital for the treatment of chronic illness including degenerative diseases, in which care and treatment is administered under the direction of persons licensed to practice medicine or surgery in the state". The term does not include hospitals primarily for the care of the mentally ill or tuberculosis patients, nursing homes and institutions primarily for domiciliary care. The chronic disease hospital is distinguished from the nursing home in that the former normally includes areas for diagnosis, physical therapy, occupational therapy, and sometimes surgery.

Section 53.21 of the PHS Regulations states that the number of beds required to provide adequate hospital services for chronic disease patients shall be two per thousand population. However, if the State should provide four beds per thousand for nursing home beds, the State's allowance for chronic disease hospital beds would be reduced so that the total number of nursing home beds, and chronic disease beds existing and proposed would not exceed five beds per thousand population.

For the purposes of the current plan the ratio of two beds per thousand population will be used.

The recent survey of nursing homes and hospitals revealed that nearly all general hospitals have long term patients which, while not needing the same degree of diagnostic work and nursing care as other patients, need to be under constant medical supervision and need services which are not found in the nursing home; others could be adequately served in nursing homes where skilled nursing care is available.

To date, hospitals have not kept separate records on their long term patients so that the volume of this service can not be determined at this time. The survey of patients in nursing homes indicates that the condition of many patients in nursing homes would improve with care in chronic facilities where physical and occupational therapy would be available. While the desirability of constructing chronic disease facilities is recognized, it is felt that much more study of this problem is necessary to determine the overall need and the best plan for meeting this need. It is possible that after a more intensive study is made by the Health Planning Council the total picture of need for chronic facilities operated in coordination with general hospital services and nursing homes will indicate some change in the presently established ratio.

CRITERIA FOR CLASSIFICATION OF CHRONIC DISEASE FACILITIES

The same criteria as listed for classification of General Hospitals will be used for Chronic Disease Facilities.

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE
WASHINGTON 25, D. C.

FORM APPROVED
BUREAU OF BUDGET NO. 60-8296
EXPIRATION DATE JUNE 30, 1965

ACCEPTABLE AND NON-ACCEPTABLE
HOSPITALS REPORT

NOTE: - SEE REVERSE SIDE FOR INSTRUCTIONS ON USE OF THIS FORM

5. LIST OF ACCEPTABLE AND NON ACCEPTABLE Chronic HOSPITAL FACILITIES AND HOSPITAL BEDS

1. PAGE 1 OF 1
2. DATE Feb. 10, 1959
3. STATE MONTANA
4. REGION Statewide

AREA (6)	NAME OF FACILITY (7)	LOCATION		OWNER- SHIP OR CONTROL (10)	MEDICAL TYPE (11)	BED CAPACITY		NUMBER OF BASINETS (14)	% OCCUPANCY (15)	NUMBER OF	
		COUNTY (8)	CITY OR TOWN (9)			ACCEPTABLE (12)	NON- ACCEPTABLE (13)			PATIENT DAYS (16)	PATIENTS ADMITTED (17)
I-2	Cascade Co.Conv.	Cascade	Gt. Falls	Co.	Gen.	80		0		Under Construction as approved--Oct.9,1953	
I-5	St.Vincent Hosp.	Yellowstone	Billings	Ch.	Gen.	13		0		Under Construction	
I-7	Silver Bow	Silver Bow	Butte	Co.	Gen.	114		0		Under Construction approved 1-8-58 by P.H.S.	
R-20	State T.B.San.	Deer Lodge	Galen	State	Silicosis	30		0		NA Opened Nov.1956 for Silicosis patients	NA
* - - - - -						REGIONAL TOTAL			xxx	xxxxx	xxxxxx
** - - - - -						STATE TOTAL		237	xxx	xxxxx	xxxxxx

NOTE: - *If region report requires more than one sheet, enter totals on LAST SHEET ONLY and cut off bottom of other sheets on this line.

**Cut off bottom of all sheets EXCEPT LAST SHEET on which will appear the totals for the State.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
 PUBLIC HEALTH SERVICE
 WASHINGTON 25, D. C.

 CHRONIC
 GENERAL HOSPITALS SUMMARY

 FORM APPROVED
 BUDGET BUREAU NO. 68-R301-4

1. Page <u>1</u> of <u>1</u>	2. DATE Feb. 10, 1959
3. REGION Statewide	4. STATE MONTANA

BASIC DATA					PLAN OF DISTRIBUTION			
AREA	COMMUNITY IN WHICH EXISTING SUITABLE OR PROPOSED FACILITIES ARE OR WILL BE LOCATED	CIVILIAN POPULATION OF AREA	BED ALLOWANCE BASED ON AREA RATIO	EXISTING SUITABLE BEDS	TOTAL BEDS PLANNED	NUMBER OF BEDS PLANNED PER 1,000 POPULATION	ADDITIONAL BEDS PROPOSED FOR CONSTRUCTION	PERCENT OF NEEDS MET
5.	6.	7.	8.	9.	10.	11.	12.	13.
R-2	Kalispell	<u>39,100</u>	<u>78</u>	<u>0</u>	50 <u>78</u>	<u>2</u>	<u>78</u>	<u>0</u>
	Polson				28			
R-4	Hamilton	<u>12,000</u>	<u>24</u>	<u>0</u>	<u>24</u>	<u>2</u>	<u>24</u>	<u>0</u>
I-1	Missoula	<u>54,100</u>	<u>108</u>	<u>0</u>	<u>108</u>	<u>2</u>	<u>108</u>	<u>0</u>
R-5	Cut Bank	<u>11,600</u>	<u>23</u>	<u>0</u>	<u>23</u>	<u>2</u>	<u>23</u>	<u>0</u>
R-6	Conrad	<u>15,000</u>	<u>30</u>	<u>0</u>	<u>30</u>	<u>2</u>	<u>30</u>	<u>0</u>
I-2	Great Falls	<u>73,700</u>	<u>147</u>	<u>80</u>	<u>147</u>	<u>2</u>	<u>147</u>	<u>0</u>
	Cascade Co.				80			
	Not Designated				67			
I-3	Havre	<u>30,000</u>	<u>60</u>	<u>0</u>	<u>60</u>	<u>2</u>	<u>67</u>	<u>54.4</u>
R-8	Glasgow	<u>13,800</u>	<u>28</u>	<u>0</u>	<u>28</u>	<u>2</u>	<u>60</u>	<u>0</u>
R-14	Sidney	<u>14,400</u>	<u>29</u>	<u>0</u>	<u>29</u>	<u>2</u>	<u>28</u>	<u>0</u>
I-4	Miles City	<u>31,400</u>	<u>63</u>	<u>0</u>	<u>63</u>	<u>2</u>	<u>29</u>	<u>0</u>
I-5	Billings	<u>88,900</u>	<u>178</u>	<u>13</u>	<u>178</u>	<u>2</u>	<u>63</u>	<u>0</u>
	St. Vincent Hosp.				13		<u>165</u>	<u>7.3</u>
	Not Designated				165			
R-16	Lewistown	<u>17,200</u>	<u>34</u>	<u>0</u>	<u>34</u>	<u>2</u>	<u>34</u>	<u>0</u>
R-18	Livingston	<u>16,700</u>	<u>33</u>	<u>0</u>	<u>33</u>	<u>2</u>	<u>33</u>	<u>0</u>
R-20	Galen	<u>10,200</u>	<u>20</u>	<u>30</u>	<u>30</u>	<u>2.9</u>	<u>0</u>	<u>100.0</u>
R-24	Bozeman	<u>25,100</u>	<u>50</u>	<u>0</u>	<u>50</u>	<u>2</u>	<u>30</u>	<u>0</u>
I-6	Helena	<u>29,600</u>	<u>59</u>	<u>0</u>	<u>59</u>	<u>2</u>	<u>59</u>	<u>0</u>
I-7	Anaconda-Butte	<u>77,200</u>	<u>154</u>	<u>114</u>	<u>154</u>	<u>2</u>	<u>40</u>	<u>0</u>
	Silver Bow Co.				114			
	Not Designated				40			
	Remainder of beds are being retained in a statewide pool for distribution after further study. Applications will be considered for chronic disease facilities for any hospital having forty or more general beds.				<u>1128</u>			
					236			
STATE TOTALS (Last page)			1,118	237	1364		891	
14. Beds allowed by State Ratio (Population X State Ratio)				1364			236 Res.Pool Beds	
15. Excess beds from original plan							1127	
16. TOTAL BEDS ALLOWED UNDER P.L. 725 (14 + 15)				1364				

DEPARTMENT OF
HEALTH, EDUCATION AND WELFARE
FEDERAL SECURITY AGENCY--
U. S. PUBLIC HEALTH SERVICE
WASHINGTON 25, D. C.

FORM APPROVED
BUREAU OF BUDGET NO. 68-7304
EXPIRATION DATE SEPT. 30, 1948

RELATIVE NEED REPORT

NOTE: - SEE REVERSE SIDE FOR INSTRUCTIONS ON THIS FORM.

This form must be submitted for:

- a. General Hospitals
- b. Chronic Disease, Mental and Tuberculosis Hospitals only if programmed on LESS THAN STATE WIDE BASIS.

This form SHOULD NOT be filled out for Public Health Centers.

1. PAGE 1 OF 1

2. DATE Feb. 10, 1959

3. STATE MONTANA

4. CATEGORY Chronic

PRIORITY (5)	AREA (6)	PERCENTAGE OF NEED MET (7)	PRIORITY (5)	AREA (6)	PERCENTAGE OF NEED MET (7)
<u>A</u> 0-70%	R-2 Kalispell Polson	0	<u>A (Contd.)</u>	I-5 Billings	7.3
	R-4 Hamilton	0		I-2 Great Falls	54.4
	I-1 Missoula	0	<u>B</u> 71-100%	I-7 Anaconda Butte	74.0
	R-5 Cut Bank	0		R-20 Galen	100.0
	R-6 Conrad	0			
	I-3 Havre	0			
	R-8 Glasgow	0			
	R-14 Sidney	0			
	I-4 Miles City	0			
	R-16 Lewistown	0			
	R-18 Livingston	0			
	R-24 Bozeman	0			
	I-6 Helena	0			

Chronic Disease Hospitals (Contd.)

PRIORITY OF PROJECTS

Section 53.75 of PHS Regulations states that the priority of chronic disease hospital projects shall be determined on the basis of the following factors:

- A. Relative need for additional chronic disease beds in the community, or communities, to be served by the project taking into account excess beds and giving special consideration to projects in which the chronic disease facilities will be operated as sub-units of general hospitals.
- B. The extent to which beds will be made available to groups of the population which for any reason are less adequately served than other groups of the population.

Any eligible applicant meeting the above priority requirements will be given consideration. Because of the limited capacity of most of the small hospitals emphasis will be given to construction of chronic disease beds in connection with general hospitals of forty beds and over.

Applications for Chronic Disease facilities will be considered on the basis of availability of funds either under Part C or Part G Chronic Disease funds within the established provisions and priorities in the Plan.

NURSING HOMES

Section 53.1 of the PHS Regulations defines a nursing home as, "A facility which is operated in connection with a hospital or in which nursing care and medical services are prescribed by, or performed under the general direction of persons licensed to practice medicine or surgery within the State, for the accommodation of convalescents or other persons who are not acutely ill and not in need of hospital care, but who do require skilled nursing care and related medical services." The facilities should be operated primarily and predominantly for the purpose of providing skilled nursing care for patients who need more than board, room, and personal care.

For purposes of the nursing home construction program, skilled nursing care is defined to consist of nursing services and procedures employed which require technical knowledge and skills provided only by professional, registered nurses or practical nurses licensed in Montana. Form PHS 5-1 includes only those existing nursing homes, which provide skilled nursing care in accordance with the definition as outlined above.

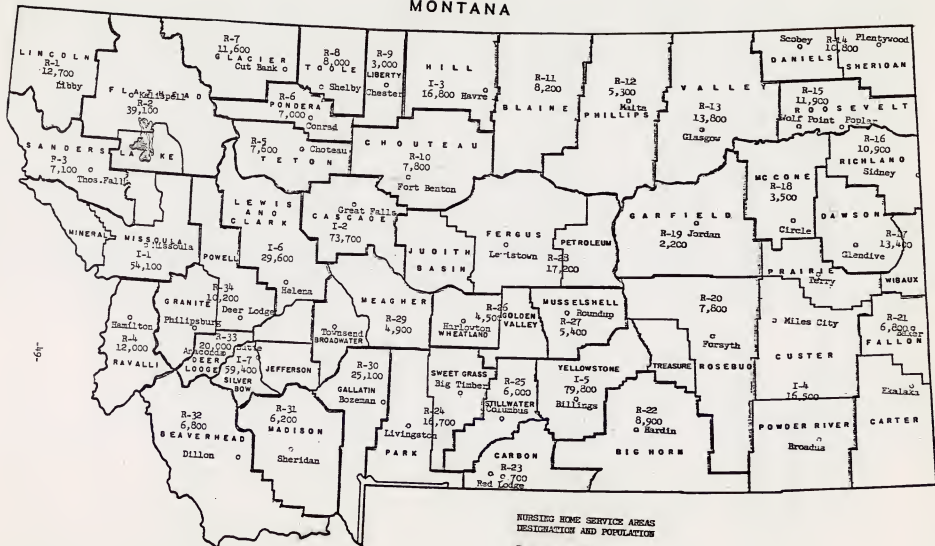
Current licensing laws in the State of Montana do not differentiate between nursing homes which primarily serve those who need skilled nursing care and other homes where many of the patients primarily and predominantly need only board, room, and personal care. Homes for the aged also serve both types of individuals; as a result there is considerable variety in the kind and type of care needed for patients now in nursing homes.

All of the facilities in Montana now licensed as nursing and convalescent homes, and homes for the aged were surveyed to secure basic information for planning a construction program. This survey, as made, included personal and medical information on all patients in the homes corresponding to that used in pilot studies in several states by the Commission on Chronic Care. It was felt that such a study of the patients in the homes now would provide an index to the problem and could be used for future analysis in determining the total needs in the State.

Of the total of 101 homes in the original survey, only 36 had a registered nurse or licensed practical nurse on the staff, and (in accordance with PHS Regulations) were considered to be giving skilled nursing care. These homes with 729 acceptable beds are included on Form PHS 5-1. Of the 65 homes excluded from Form PHS 5-1, as not giving skilled nursing care, all but three would be classified as unsuitable structures in which to house patients.

An analysis of the 1889 patients included in the survey showed that 87 percent of them were 65 and over years of age. An analysis of the 1950 census showed that 8.6 percent of the total population of Montana were 65 and over years old. It is reasonable to believe that this percentage has increased since that time. A comparison by counties showed that the ratio of those 65 and over to the total county population varied from 6.5 percent to 11.5 percent. However, contrary to what one might expect, there was no general pattern indicating that the ratio for this age group is higher in the urban centers -- in fact, in many instances the highest percentage in this older group was in counties with the lowest population. When we think of nursing homes in the role of caring for people through convalescence after dismissal from hospitals, as well as caring for the chronically ill and aged, it is reasonable to assume that the ratio of demand for nursing home beds will be higher in urban centers where many patients are referred from the rural areas.

MONTANA



NURSING HOME SERVICE AREAS
DESIGNATION AND POPULATION

R - Rural Areas
I - Intermediate Areas

CRITERIA FOR CLASSIFICATION OF NURSING HOMES

Suitable Facilities

1. Nursing Homes meeting the definition of a Nursing Home and meeting the requirements for construction and equipment, as adopted by the Montana State Board of Health.
2. Nursing Homes constructed prior to the enactment of Chapter 192, 269, and 270 of the 1947 Session Laws of Montana, which substantially meet the required standards adopted by the Montana State Board of Health.

Replaceable Facilities

Replaceable nursing homes include those which are currently licensed by the Montana State Board of Health as meeting minimum standards, but which because of obsolescence or functional unsuitability should be replaced over a period of time. They are counted as suitable facilities for the current Plan.

Unsuitable Facilities

Nursing homes and/or beds are classified as unsuitable for any one of the following reasons:

1. A facility and/or beds which do not meet all minimum standards established for licensing by the Montana State Board of Health.
2. Facilities which constitute a public hazard because of their physical structure and/or condition resulting from poor construction, poor maintenance and repair, obsolescence, or inadequate provisions for safety of patients.
3. Beds in a one story building less than one hour fire resistant construction.
4. Beds above the ground floor in non-fire proof buildings unless the stairways are enclosed with fire resistant material. Such beds would be acceptable for use only for ambulant patients.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICEFORM APPROVED
BUDGET BUREAU NO. 68-R558

1.	Page <u>1</u> of <u>3</u>
2. DATE	<u>Feb. 10, 1959</u>
3. STATE	<u>Montana</u>
4. REGION	<u>Statewide</u>

INVENTORY OF NURSING HOMES

5. DATE OF INVENTORY _____

AREA	NAME OF FACILITY	CITY OR TOWN	OWNER- SHIP OR CONTROL	BED CAPACITY			PERCENTAGE OF OCCUPANCY	ANNUAL ADMISSIONS
				SUITABLE	REPLACEABLE	UNSUITABLE		
6	7	8	9	10	11	12	13	14
R-1	Lincoln Co. Nursing Home	Libby	Co.			10* <u>4/</u>	87	40
R-2	Flathead Co. Home	Kalispell	Co.	56*			96.4	232
R-2	Immanuel Lutheran Home	Kalispell	NPA	70			85.5	85
R-4	Arcadian Rest Home	Stevensville	1 Indv.			35 <u>4/</u>	98	25
R-4	Salter Nursing Home	Hamilton	2 Indv.			10 <u>4/</u>	75.8	8
I-1	Pineview Nursing Home	Missoula	Co.			32* <u>2/</u>	94.3	34
R-6	Pondera Pioneer Home	Conrad	Co.	35			Opened Oct	22, 1958
R-7	Glacier Co. Memorial Hospital	Cut Bank	NPA	12			NA	NA
R-7	Latch String Lodge	East Glacier	3 Indv.		5		38.3	3
R-8	Toole Co. Nursing Home	Shelby	Co.	34			Opened Dec	8, 1958
R-9	Liberty County Nursing Home	Chester	Co.	20			Opened July	1, 1958
R-10	St. Clare Hospital	Fort Benton	Ch.	16			Under Construction	
R-11	Harlem Rest Home	Harlem	4 Indv.	37			93.1	34
I-2	Cascade Co. Convalescent Home	Great Falls	Co.	40			Approved for Constr.	October 1, 1958

*If report requires more than one sheet, enter totals on LAST SHEET ONLY and cut off bottom of other sheets on this line.

STATE TOTALS

HEWLETT KY

1.	Page <u>2</u> of <u>3</u>
2.	DATE <u>Feb. 10, 1959</u>
3.	STATE <u>Montana</u>
4.	REGION <u>Statewide</u>

INVENTORY OF NURSING HOMES

5. DATE OF INVENTORY

AREA	NAME OF FACILITY	CITY OR TOWN	OWNER-SHIP OR CONTROL	BED CAPACITY			PERCENTAGE OF OCCUPANCY	ANNUAL ADMISSIONS
				SUITABLE	REPLACEABLE	UNSUITABLE		
6	7	8	9	10	11	12	13	14
I-3	Box Elder Rest Home	Box Elder	5 Indv.			14 <u>4/</u>	79.9	11
I-3	Sixth Avenue Rest Home	Havre	6 Indv.	22			62.3	13
I-3	Havre Rest Home	Havre	7 Indv.	23			New Constr. Opened 10/1/58	
R-16	Home for Aged	Sidney	Co.			17* <u>2/</u>	52.5	8
R-17	Dawson Co. Nursing Home	Glendive	Co.		20*		64.7 As a hospital	
R-20	Rosebud Co. Nursing Home	Forsyth	Co.	24			86.3 325 Census	26
R-21	Dahl Memorial Home	Ekalaka	Co.	12			(Opened 4/1/58)	(91 days) 8
I-4	Abbey Convalescent Home	Miles City	8 Indv.	6			25.2	29
I-4	Miles City Rest Home	Miles City	Co.			34* <u>4/</u>	90.1	34
I-4	Prairie Community Hospital	Terry	NPA		6		NA	NA
R-22	Big Horn Co. Community Hospital	Hardin		10			Under Construction	
R-24	Sunset Farm	Livingston	Co.		20*		89.7	10
R-25	Sunset Manor	Columbus	9 Indv.	18			55.1	22
I-5	Select Nursing Home	Billings	12 Indv.		14		99.6	20
I-5	Van Houten Nursing Home	Billings	11 Indv.			10 <u>2/</u>	78.6	9

*If report requires more than one sheet, enter totals on LAST SHEET ONLY and cut off bottom of other sheets on this line.

STATE TOTALS

HEW-LEX 57

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE

FORM APPROVED
BUDGET BUREAU NO. 68-R556

INVENTORY OF NURSING HOMES

1. Page 3 of 3
2. DATE Feb. 10, 1959
3. STATE MONTANA
4. REGION Statewide

5. DATE OF INVENTORY _____

AREA	NAME OF FACILITY	CITY OR TOWN	OWNER- SHIP OR CONTROL	BED CAPACITY			PERCENTAGE OF OCCUPANCY	ANNUAL ADMISSIONS
				SUITABLE	REPLACEABLE	UNSUITABLE		
6	7	8	9	10	11	12	13	14
I-5	Yellowstone Co. Nursing Home	Billings	Co.			26* <u>1/</u>	89.0	364
I-5	Rickett Nursing Home	Huntley <u>12</u>	Indv.			20 <u>3/</u>	77.3	7
R-28	St. Joseph Hospital	Lewistown	Ch.	15			N.A.	N.A.
R-29	Mountainview Memorial Hospital	White Sul. Spgs.	NPA	6			Opened Oct. 1, 1958	
R-30	Gallatin Co. Rest Home	Bozeman	Co.			38* <u>4/</u>	75.1	23
R-30	Hazel Hedglin Rest Home	Bozeman <u>13</u>	Indv.			17 <u>4/</u>	79.1	5
R-30	Florence Nursing Home	Bozeman <u>14</u>	Indv.	18		Opened Oct. 1, 1958		
R-30	Three Forks Nursing Home	Three Forks <u>15</u>	Indv.		16		95.3	12
R-33	Mountain View Rest Home	Anaconda	Co.	14*			83.	6
I-6	Lewis & Clark Convalescent Home	Helena	Co.	80*			N.A.	N.A.
I-7	Evje Rest Home	Butte <u>16</u>	Indv.		20		96.0	16
I-7	Summit Valley Sanitarium	Butte	Ch.		28		83.8	39
I-7	Mountain View Rest Home	Butte <u>17</u>	Indv.			49 <u>2/</u>	74.5	20
STATE TOTALS				568	178	263		

*If report requires more than one sheet, enter totals on LAST SHEET ONLY and cut off bottom of other sheets on this line.

CHANGES IN INVENTORY OF NURSING HOMES IN THE NUMBER AND CLASSIFICATION SINCE THE LAST
STATE PLAN REVISION

- R-1 Lincoln Co.Nursing Home, Libby, 10 beds, reclassified from "Replaceable" to "Unsuitable" due to non-fire resistive construction.
- R-4 Arcadian Rest Home, Stevensville, 35 beds, reclassified from "Replaceable" to "Unsuitable" due to non-fire resistive construction.
- I-1 Pineview Nursing Home, Missoula, 32 beds, reclassified from "Replaceable" to "Unsuitable" due to non-fire resistive construction.
- I-1 Lieurance Convalescent Home, Missoula, 10 beds, not included in inventory since facility does not render skilled nursing care.
- R-6 Pondera Pioneer Home, Conrad, 35 beds - New facility opened October 22,1958.
- R-7 Glacier County Mem. Hosp., Cut Bank, 12 beds - ground floor finished and being used for nursing home patients.
- R-8 Toole Co.Nursing Home, Shelby, 34 beds, opened to receive patients Dec.8,1958.
- R-9 Liberty Co.Nursing Home,20 beds, opened to receive patients July 1,1958.
- R-10 St.Clare Hospital, Ft.Benton, 16 beds, under construction.
- R-11 Harlem Rest Home, Harlem, 2 bed increase due to 2 single rooms being used as semi-private rooms.
- I-2 Cascade Co.Convalescent Home, Gt.Falls, 40 beds under construction.
- I-2 Throckmorton Nursing Home, Gt.Falls, 10 beds dropped from inventory since skilled nursing care is no longer rendered.
- I-3 Box Elder Nursing Home, Box Elder, 14 beds reclassified from "Replaceable" to "Unsuitable" due to non-fire resistive construction.
- I-3 Havre Rest Home, Havre, 23 beds through new construction replacing former 10 bed facility.
- R-17 Dawson County Nursing Home, Glendive, 20 beds through operation of former hospital as a nursing home.
- R-20 Rosebud Co. Nursing Home, Forsyth, 24 beds - 8 bed increase. Beds originally constructed for domiciliary care now used to render nursing service.
- R-21 Dahl Memorial Home, Ekalaka, 12 bed increase through utilization of old hospital as a nursing home.
- I-4 Miles City Rest Home, Miles City, 34 beds reclassified from "Replaceable" to "Unsuitable" due to non-fire resistive construction.
- I-4 Prairie Community Hospital, Terry, 6 beds, "Replaceable" added to inventory.
- R-22 Big Horn Co. Community Hospital, Hardin, 10 beds added to inventory through new construction.

NURSING HOME INVENTORY (Contd.)

- R-23 Davis Home, Red Lodge, 20 beds dropped from inventory due to change of operators -- no longer giving nursing service.
- R-24 Sunset Farm (Sunset Rest Home), Livingston, 20 beds, reclassified from "Suitable" to "Replaceable" due to obsolescence and non-fire resistive construction.
- R-27 Musselshell Valley Home, Roundup, 26 beds dropped from inventory since it no longer furnishes nursing care.
- R-28 Spring Creek Home, Lewistown, 30 beds dropped from inventory since it no longer furnishes nursing care.
- R-28 St. Joseph Hospital, Lewistown, 15 beds added to inventory. Wing in hospital being utilized for nursing home care.
- I-5 Yellowstone County Nursing Home, Billings, 26 beds reclassified from 29 beds "Replaceable" to 26 beds "Unsuitable" due to poor functional arrangement and non-fire resistive construction.
- R-29 Mountainview Memorial Hospital, White Sulphur Springs, 6 beds added to inventory. Beds provided through completing unfinished portion of building.
- R-30 Hazel Hedglin Home, Bozeman, 17 beds, reclassified from "Replaceable" to "Unsuitable" due to non-fire resistive construction.
- R-30 Florence Nursing Home, Bozeman, 18 beds added to inventory through new construction.
- R-33 Mountain View Rest Home, Anaconda, 14 beds, two bed increase through rearrangement of services.
- I-7 Evje Rest Home, Butte, 20 beds, previously shown as 30 beds through error.
- I-7 Summit Valley Sanitarium, Butte, 28 beds, with increase of 4 beds through rearrangement of services.
- I-7 Mountain View Rest Home, Butte, 49 beds, reclassified from "Replaceable" to "Unsuitable" due to obsolescence.

DISTRIBUTION OF NURSING HOMES

Section 53.61 of PHS Regulations, has established minimum and maximum allowances for distribution of nursing home beds. The combined total of nursing home and chronic disease beds may not exceed five beds per thousand of the State population. The number of existing and proposed nursing home beds may not be less than one or more than three beds per thousand population except that, if the State wishes to plan a maximum of four nursing home beds per thousand, the allowance for chronic disease hospital beds must be reduced accordingly. In determining the ratio basis to be used for chronic disease facilities and nursing homes the following factors were considered:

- A. Population distribution.
- B. Age distribution, and
- C. Analysis of characteristics of patients now in nursing homes and the kind of care which appears to be needed.

In view of the information obtained in the survey of the patients in nursing homes it is felt advisable to establish for the current Plan the rate of three beds per thousand population as a basis for planning a construction program.

In order to allow more beds for the urban areas when needed, allocation to the service areas is made on the following basis:

State Ratio - 3 beds per thousand
Intermediate Areas - $2\frac{1}{2}$ beds per thousand
Rural Areas - 2 beds per thousand

Consideration will also be given to a facility constructed for service on a statewide basis whereby patients who are able to pay for service can be admitted.

In a State with a low density of population such as Montana the problem of planning and construction of nursing homes of sufficient size to justify optimum use of professional nurses who are limited in numbers, increases the difficulty in planning smaller facilities in localities where patients may remain near their homes. Small communities find it difficult to construct and maintain an adequate facility. Skilled nurses to supervise care are limited in number. In most instances the service areas, as delineated for nursing homes coincide with hospital service areas. However, changes have been made, and a map showing the areas for nursing homes is included in this Plan.

A number of counties have constructed adequate nursing homes which are limited for use by indigent patients. Operation of these homes is often by contract, the operator being selected from a number of bidders. The quality of care is thereby dependent on the successful bidder from year to year depending on the qualifications of the successful bidder. This system of county care does not provide for those potential patients who are not indigent. Consequently pay patients are often cared for in facilities far from home.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
 PUBLIC HEALTH SERVICE
 WASHINGTON 25, D. C.

NURSING HOME

GENERAL HOSPITALS SUMMARY

 FORM APPROVED
 BUDGET BUREAU NO. 68-R301.4

1. Page <u>1</u> of <u>3</u>	2. DATE <u>Feb. 10, 1959</u>
3. REGION <u>Statewide</u>	4. STATE <u>MONTANA</u>

BASIC DATA					PLAN OF DISTRIBUTION			
AREA S.	COMMUNITY IN WHICH EXISTING SUITABLE OR PROPOSED FACILITIES ARE OR WILL BE LOCATED 6.	CIVILIAN POPULATION OF AREA 7.	BED ALLOWANCE BASED ON AREA RATIO 8.	EXISTING SUITABLE BEDS 9.	TOTAL BEDS PLANNED 10.	NUMBER OF BEDS PLANNED PER 1,000 POPULATION 11.	ADDITIONAL BEDS PROPOSED FOR CONSTRUCTION 12.	PERCENT OF NEEDS MET 13.
R-1	Lincoln Co.(Libby)	12,700	25	0	25	2.0	25	0
R-2	Flathead(Kalispell)	39,100	78	126	126	3.2	0	100.0
R-3	Sanders	7,100	14	0	14	2.0	14	0
R-4	Ravalli	12,000	24	0	24	2.0	24	0
I-1	Missoula, Mineral & 1/2 of Lake Co.	54,100	135	0	135	2.5	135	0
R-5	Teton Co.(Choteau)	7,600	15	0	15	2.0	15	0
R-6	Pondera Co.(Conrad)	7,000	14	35	35	5.0	0	100.0
R-7	Glacier Co.(Cut Bank)	11,600	23	12	23	2.0	11	52.2
R-8	Toole Co.(Shelby)	8,000	16	34	34	4.2	0	100.0
R-9	Liberty Co.(Chester)	3,000	6	20	20	6.7	0	100.0
R-10	Chouteau Co.(Ft.Benton)	7,800	16	16	16	2.0	0	100.0
R-11	Blaine Co.(Harlem)	8,200	16	37	37	4.5	0	100.0
R-12	Phillips Co.(Malta)	5,300	11	0	11	2.0	11	0
R-13	Valley Co.(Glasgow)	13,800	28	0	28	2.0	28	0
STATE TOTALS (Last page)								
14. Beds allowed by State Ratio (Population X State Ratio)								
15. Excess beds from original plan								
16. TOTAL BEDS ALLOWED UNDER P.L. 725 (14 + 15)								

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
 PUBLIC HEALTH SERVICE
 WASHINGTON 25, D. C.

NURSING HOME

GENERAL HOSPITALS SUMMARY

 FORM APPROVED
 BUDGET BUREAU NO. 68-R301.4

1. Page <u>2</u> of <u>3</u>	2. DATE <u>Feb. 10, 1959</u>
3. REGION <u>Statewide</u>	4. STATE <u>MONTANA</u>

BASIC DATA

PLAN OF DISTRIBUTION

AREA	COMMUNITY IN WHICH EXISTING SUITABLE OR PROPOSED FACILITIES ARE OR WILL BE LOCATED	CIVILIAN POPULATION OF AREA	BED ALLOWANCE BASED ON AREA RATIO	EXISTING SUITABLE BEDS	TOTAL BEDS PLANNED	NUMBER OF BEDS PLANNED PER 1,000 POPULATION	ADDITIONAL BEDS PROPOSED FOR CONSTRUCTION	PERCENT OF NEEDS MET
5.	6.	7.	8.	9.	10.	11.	12.	13.
I-2	Cascade Co. (Gt. Falls)	73,700	184	40	184	2.5	144	21.7
I-3	Hill Co. (Havre)	16,800	42	45	45	2.7	0	100.0
R-14	Daniels & Sheridan (Plentywood)	10,800	22	0	22	2.0	22	0
R-15	Roosevelt Co. (Poplar & Wolf Point)	11,900	24	0	60	5.0	60	0
R-16	Richland Co. (Sidney)	10,900	22	0	22	2.0	22	0
R-17	Dawson Co. (Glendive) & Wibaux Co.	13,400	27	0	27	2.0	27	0
R-18	McCone Co. (Circle)	3,500	7	0	7	2.0	7	0
R-19	Garfield Co. (Jordan)	2,200	4	0	4	1.8	4	0
R-20	Rosebud Co. (Forsyth) & Treasure Co.	7,800	16	24	24	3.1	0	100.0
R-21	Fallon-Carter (Ekalaka)	6,800	14	12	14	2.0	2	85.7
I-4	Custer Co. (Miles City)	16,500	41	6	56	3.4	50	10.7
R-22	Big Horn Co. (Hardin)	8,900	18	10	18	2.0	8	55.5
R-23	Carbon Co.	9,700	19	0	19	2.0	19	0

STATE TOTALS (Last page)

14. Beds allowed by State Ratio (Population X State Ratio)

15. Excess beds from original plan

16. TOTAL BEDS ALLOWED UNDER P.L. 725 (14 + 15)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
 PUBLIC HEALTH SERVICE
 WASHINGTON 25, D. C.

 NURSING HOME
 GENERAL HOSPITALS SUMMARY

 FORM APPROVED
 BUDGET BUREAU NO. 66-R301.4

1. Page <u>3</u> of <u>3</u>	2. DATE Feb. 10, 1959
3. REGION Statewide	4. STATE MONTANA

BASIC DATA					PLAN OF DISTRIBUTION			
AREA	COMMUNITY IN WHICH EXISTING SUITABLE OR PROPOSED FACILITIES ARE OR WILL BE LOCATED	CIVILIAN POPULATION OF AREA	BED ALLOWANCE BASED ON AREA RATIO	EXISTING SUITABLE BEDS	TOTAL BEDS PLANNED	NUMBER OF BEDS PLANNED PER 1,000 POPULATION	ADDITIONAL BEDS PROPOSED FOR CONSTRUCTION	PERCENT OF NEEDS MET
5.	6.	7.	8.	9.	10.	11.	12.	13.
R-24	Park & Sweet Grass	16,700	33	0	33	2.0	33	0
R-25	Stillwater	6,000	12	18	18	3.0	0	100.0
R-26	Wheatland, Golden Valley	4,500	9	0	9	2.0	9	0
R-27	Musselshell	5,400	11	0	11	2.0	11	0
R-28	Fergus, Petroleum & Judith Basin	17,200	34	15	34	2.0	19	44.1
I-5	Yellowstone (Billings)	79,800	200	0	200	2.5	200	0
R-29	Meagher & Broadwater	4,900	10	6	10	2.0	4	60.0
R-30	Gallatin	25,100	50	18	50	2.0	32	36.0
R-31	Madison	6,200	12	0	12	1.9	12	0
R-32	Beaverhead	6,800	14	0	14	2.0	14	0
R-33	Deer Lodge	20,000	40	14	40	2.0	26	35.0
R-34	Powell & Granite	10,200	20	0	20	2.0	20	0
I-6	Lewis & Clark	29,600	74	80	80	2.7	0	100.0
I-7	Silver Bow	59,400	149	0	149	2.5	149	0
STATE TOTALS (Last page)		682,000	1,529	568	1,725	508 (Res. Pool Beds)	1,157	508 (Res. Pool Beds)
14. Beds allowed by State Ratio (Population X State Ratio)				2,046				
15. Excess beds from original plan				187				
16. TOTAL BEDS ALLOWED UNDER P.L. 725 (14 + 15)				2,233				

ASSIGNMENT OF POOL BEDS FOR NURSING HOME
CONSTRUCTION

- R-15 Roosevelt County - 36 beds allocated from the State Pool to allow for a 20 bed nursing home to be constructed in conjunction with a 22 bed general hospital by the Poplar Hospital Association at Poplar, and a 40 bed nursing home at Wolf Point. Both facilities to serve the Indian and non-Indian population.
- I-4 Custer County, Miles City, 15 beds allocated from the State Pool to allow for the construction of a new facility to replace the Miles City Rest Home which is operating at capacity and has a waiting list. New facility to serve county indigent and others.

NURSING HOME PRIORITIES

Section 53.79 PHS Regulations provides that the priority of nursing home projects shall be determined after consideration of the following factors in the order of importance as given:

1. Relative need for additional nursing home beds in the community, or communities, to be served by the project taking into account the utilization of existing suitable beds.
2. The extent to which beds will be made available to groups of the population which for any reason are less adequately served than other groups of the population.

Special consideration shall be given to nursing home projects operated by hospitals. The priority for nursing home construction program has been established on the basis of unmet need. Projects have been designated for communities with existing acceptable or planned hospitals.

Prior to approval of any application, the applicant must demonstrate their financial ability to adequately maintain and operate the facility to meet the standards as set by the State. They must assure that patients admitted are primarily in need of skilled nursing care rather than domiciliary care. The sponsor shall also agree that arrangements will be made for transfer from the home of patients who no longer need skilled nursing care, and the sponsor must annually certify that this agreement has been complied with.

DEPARTMENT OF
HEALTH, EDUCATION AND WELFARE

FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
WASHINGTON 25, D. C.

PHS-13 (HS)
5-67

FORM APPROVED
BUREAU OF BUDGET NO. 66-0004
EXPIRATION DATE SEPT. 30, 1968

RELATIVE NEED REPORT

NOTE: - SEE REVERSE SIDE FOR INSTRUCTIONS ON THIS FORM.

This form must be submitted for:

a. General Hospitals

b. Chronic Disease, Mental and Tuberculosis
Hospitals only if programmed on
LESS THAN STATE WIDE BASIS.

This form SHOULD NOT be filled out for
Public Health Centers.

1. PAGE 1 OF 2

2. DATE 2/10/59

3. STATE MONTANA

4. CATEGORY Nursing Home

PRIORITY (5)	AREA (6)	PERCENTAGE OF NEED MET (7)	PRIORITY (5)	AREA (6)	PERCENTAGE OF NEED MET (7)
<u>GROUP A</u> <u>0-24%</u>	R-1 Lincoln	0	<u>GROUP A (Contd.)</u>	R-23 Carbon	0
	R-3 Sanders	0		R-24 Park & Sweet Grass	0
	R-4 Ravalli	0		R-26 Wheatland	0
	I-1 Missoula	0		R-27 Musselshell	0
	R-5 Teton	0		I-5 Yellowstone	0
	R-12 Phillips	0		R-31 Madison	0
	R-13 Valley	0		R-32 Beaverhead	0
	R-14 Daniels & Sheridan	0		R-34 Powell	0
	R-15 Roosevelt	0		I-7 Silver Bow	0
	R-16 Richland	0		I-4 Custer	10.7
	R-17 Dawson	0		I-2 Cascade	21.7
	R-18 McCone	0		R-33 Deer Lodge	35.0
	R-19 Garfield	0		R-30 Gallatin	36.0
			<u>GROUP B</u> <u>24-49%</u>		

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFAREFEDERAL SECURITY AGENCY—
U. S. PUBLIC HEALTH SERVICE
WASHINGTON 25, D. C.FORM APPROVED
BUREAU OF BUDGET NO. 68-9304
EXPIRATION DATE SEPT. 30, 1968

RELATIVE NEED REPORT

NOTE: SEE REVERSE SIDE FOR INSTRUCTIONS ON THIS FORM.

This form must be submitted for:

- a. General Hospitals
- b. Chronic Diseases, Mental and Tuberculosis Hospitals only if programmed on LESS THAN STATE WIDE BASIS.

This form SHOULD NOT be filled out for
Public Health Centers.1. PAGE 2 OF 22. DATE 2/10/593. STATE Montana4. CATEGORY Nursing Home

PRIORITY (5)	AREA (6)	PERCENTAGE OF NEED MET (7)	PRIORITY (5)	AREA (6)	PERCENTAGE OF NEED MET (7)
Group B (Contd.) <u>24-49%</u>	R-28 Fergus	44.1	GROUP E (Contd.)	R-20 Rosebud	100.0
Group C <u>50-74%</u>	R-7 Glacier	52.2		R-25 Stillwater	100.0
	R-22 Big Horn	55.5		I-6 Lewis & Clark	100.0
	R-29 Meagher	60.0			
Group D <u>75-99%</u>	R-21 Fallon	85.7			
Group E <u>100%</u>	R-2 Flathead	100.0			
	R-6 Pondera	100.0			
	R-8 Toole	100.0			
	R-9 Liberty	100.0			
	R-10 Chouteau	100.0			
	R-11 Blaine	100.0			
	I-3 Hill	100.0			

DIAGNOSTIC AND TREATMENT CENTERS

Section 53.1 (s) of the PHS Regulations defines a Diagnostic and Treatment Center as "A facility providing community service for the diagnosis or diagnosis and treatment of ambulatory patients, which is operated in connection with a hospital, or in which patient care is under the professional supervision of persons licensed to practice medicine or surgery in the State, or, in the case of dental diagnosis or treatment, under the professional supervision of persons licensed to practice dentistry in the State. This includes outpatient departments and clinics of public or non-profit hospitals." For purposes of planning adequate services it is accepted that the basic minimum facility to be classified as a Diagnostic and Treatment Center must include a clinical laboratory and x-ray.

It is recognized that every physician's office is primarily a diagnostic or diagnostic and treatment center which may be adequate for the need of many patients, depending on the nature and seriousness of the illness. However, the need for and use of more complicated modern equipment for exact diagnosis is becoming increasingly more important. Exact information is not available regarding the extent to which basic services are available in the physicians' offices throughout the State since they were not included in the inventory of existing centers. Such services will, however, be taken into consideration in planning new facilities.

In Montana most of the population is concentrated in the urban centers with considerable distance between the smaller towns. Because of the sparsely populated rural areas it is felt that the general hospital service areas are suitable for consideration of available and needed diagnostic and treatment services. With the exception of service area R-15 there are existing acceptable community hospitals in all areas where basic x-ray and laboratory services are available for outpatient use on an unorganized basis. Such facilities are not included on Form PHS-5-2 as giving "significant" service since complete statistics are not available, and "significant" is a relative measure depending on the demand for service. However, since many of the rural hospitals are new, their facilities appear to be adequate for basic services. Other services are referred to the larger hospitals. The hospitals with unorganized facilities will be considered when planning for additional services.

There are 15 general hospitals in intermediate and three in rural hospital service areas which have acceptable organized outpatient clinics. Nine of these facilities offer therapeutic x-ray service.

CRITERIA FOR CLASSIFICATION OF DIAGNOSTIC & TREATMENT CENTERS

Replaceable Facilities

Although included in the total count of existing acceptable facilities for planning purposes, facilities are considered to be replaceable for either of the following reasons:

- A. Facilities located in structures which are obsolete, and/or functionally unsuitable and can not be made adequate through conversion.
- B. Facilities of one-story which are not fire resistant, but have adequate fire control safeguards.

Unsuitable Facilities

Facilities are classified as unsuitable for either of the following reasons:

- A. Service facilities located in emergency space, which is inadequate for present and expanding needs and additional existing space can not be made available.
- B. Facilities which structurally have conditions hazardous to the people.

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2. DATE	Feb. 10, 1959
3. STATE	Montana
4. REGION	

INVENTORY OF DIAGNOSTIC AND DIAGNOSTIC AND TREATMENT CENTERS

5. DATE OF INVENTORY

STATE OF MONTANA																						
STATE OF INVENTORY																						
AREA	NAME OF FACILITY	CITY OR TOWN	OWNERSHIP OR CONTROL	VISITS DURING YEAR	SERVICES													DIAGNOSTIC SERVICES		CLASSIFICATION		
					SPECIAL								X-RAY	CLINICAL LABORATORY	HOSPITAL	O. P. D.	SUITABLE	REPLACEABLE	UNUSABLE			
					GENERAL	CANCER	DENTAL	MENTAL HYGIENE	ORTHOPEDIC	T. B.	OTHER											
6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23					
R-1	St. John's Lutheran Hospital	Libby	NPA	1263	X						X	X	X		X							
I-1	St. Patrick's Hospital	Missoula	Ch.	7094	X	X	X				X	X	X		X							
I-1	Memorial Hospital	Missoula	NPA	1419	X							X	X			X						
I-1	N.P.B.A. Hospital	Missoula	NPA	N.A.	X							X	X		X							
I-1	Mental Hygiene Clinic	"	State	NA				X							X							
I-1	Western Montana Clinic	"	Part.	NA	X						X	X	X		X							
R-6	St. Mary's Hospital	Conrad	Ch.	1414	X						X	X	X		X							
I-2	Deaconess Hospital	Great Falls	NPA	3307	X						X	X	X		X							
I-2	Columbus Hospital	Great Falls	Ch.	3818	X	X	X				X	X	X		X							
I-2	Great Falls Clinic	Great Falls	Part	NA	X						X	X	X		X							
I-2	Montana Mental Hygiene Clinic	Great Falls	State	NA				X							X							
I-4	N.P.B.A. Hospital	Glendive	NPA	29457	X						X	X	X		X							
I-4	Miles City Hospital	Miles City	Ch.	4094	X	X					X	X	X		X							
I-5	Deaconess Hospital	Billings	Ch.	6202	X	X					X	X	X		X							
STATE TOTALS																	X					

DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
PUBLIC HEALTH SERVICEFORM APPROVED
BUDGET BUREAU NO. 68-R559

1.	Page <u>2</u> of <u>2</u>
2. DATE	Feb. 10, 1959
3. STATE	Montana
4. REGION	

INVENTORY OF DIAGNOSTIC AND DIAGNOSTIC AND TREATMENT CENTERS

5. DATE OF INVENTORY

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2. DATE	February 10, 1959
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INVENTORY OF DIAGNOSTIC AND DIAGNOSTIC AND TREATMENT CENTERS

Outpatient and emergency service given by community hospitals on unorganized basis

5. DATE OF INVENTORY

AREA	NAME OF FACILITY	CITY OR TOWN	OWNERSHIP OR CONTROL	VISITS DURING YEAR	SERVICES										DIAGNOSTIC SERVICES		CLASSIFICATION		
					GENERAL	CANCER	DENTAL	MENTAL HYGIENE	ORTHOPEDIC	T.B.	OTHER	X-RAY	CLINICAL LABORATORY	HOSPITAL O.P.D.	SUITABLE	REPLACEABLE	UNUSUALLY		
6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23		
R-2	Kalispell General Hospital	Kalispell	Ch	1302	X							X	X		X				
R-2	Whitefish Memorial Hospital	Whitefish	NPA	404	X							X	X		X				
R-2	Hotel Dieu	Polson	Ch	421	X							X	X		X				
R-3	Sanders Co. General Hospital	Hot Springs	NPA	457	X							X	X		X				
R-4	Marcus Daly Memorial Hospital	Hamilton	NPA	320	X							X	X		X				
I-1	St. Luke Hospital	Ronan	NPA	378	X								X		X				
I-1	Holy Family Hospital	St. Ignatius	Ch	1151	X								X				X		
I-1	Mineral Co. Hospital	Superior	NPA	680	X							X	X		X				
R-5	Glacier Co. Memorial	Cut Bank	NPA	360	X							X	X		X				
R-6	Toole Co. Memorial Hospital	Shelby	NPA	886	X							X	X		X				
I-3	Liberty Co. Hospital	Chester	NPA	6491	X						X	X	X		X				
I-3	Kennedy Deaconess Hospital	Havre	Ch	1214	X							X	X		X				
I-3	Sacred Heart Hospital	Havre	Ch	3443	X							X	X		X				
R-8	Frances Mahon Deaconess	Glasgow	NPA	1323	X							X	X		X				
R-9	Teton Memorial Hospital	Choteau	NPA	623	X							X	X						
R-10	St. Clare Hospital	Fort Benton	Ch	1418	X							X	X		X				
R-11	Sheridan Memorial Hospital	Plentywood	NPA	141	X							X	X		X				
R-11	Daniels Memorial Hospital	Scobey	NPA	NA	X							X	X		X				
R-12	Roosevelt Memorial Hospital	Culbertson	NPA	190	X							X	X		X				
R-12	Trinity Hospital	Wolf Point	NPA	237	X							X	X				X		
R-12	Poplar City Hospital	Poplar	NPA	740	X							X					X		
R-12	Florence Dale	Poplar	Indv.	1502	X							X					X		
R-13	Rosebud Community Hospital	Forsyth	NPA	1412	X							X	X		X				
R-13	Garfield Co. Hospital	Jordan	NPA	129	X							X	X		X				
R-14	McCone Co. Hospital	Circle	NPA	105	X							X	X		X				
R-14	Community Memorial Hospital	Sidney	NPA	1278	X							X	X		X				
R-15	Dahl Memorial Hospital	Ekalaka	Co.	316	X							X	X		X				
STATE TOTALS																	X		

1. Page 2 of 2
2. DATE
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INVENTORY OF DIAGNOSTIC AND DIAGNOSTIC AND TREATMENT CENTERS
Outpatient and emergency service given by community
hospitals on unorganized basis

5. DATE OF INVENTORY

5. DATE OF INVENTORY																			
AREA	NAME OF FACILITY	CITY OR TOWN	OWNERSHIP OR CONTROL	VISITS DURING YEAR	SERVICES										DIAGNOSTIC SERVICES		CLASSI- FICATION		
					GENERAL	CANCER	DENTAL	MENTAL HYGIENE	ORTHOPEDIC	T.B.	OTHER	X-RAY	CLINICAL LABORATORY	HOSPITAL D.P.O.	SUITABLE	REPLACEMENT	UNUSABLE		
6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23		
I-4	Fallon Co. Memorial Hospital	Baker	NPA	1419	X							X	X		X				
I-5	Yellowstone Co. Hospital	Billings	Co.	30	X							X	X			X			
I-5	Big Horn Co. Community Hospital	Hardin	NPA	434	X							X	X		X				
R-16	St. Joseph Hospital	Lewistown	Ch	1927	X	X					X	X	X		X				
R-17	Roundup Memorial Hospital	Roundup	NPA	967	X							X	X		X				
R-17	Wheatland Co. Memorial Hospital	Harlowton	NPA	1076	X							X	X		X				
R-18	Livingston Community Hospital	Livingston	NPA	770	X							X	X		X				
R-18	Park Clinic	Livingston	Part.	LA	X							X	X		X				
R-18	Sweet Grass Community	Big Timber	NPA	958	X							X	X		X				
R-19	Stillwater Community	Columbus	NPA	288	X							X	X		X				
R-19	Carbon Co. Memorial	Red Lodge	NPA	1000	X							X	X		X				
R-20	Granite Co. Memorial Hospital	Philipsburg	Co.	223	X							X	X		X				
R-20	St. Joseph Hospital	Deer Lodge	Ch.	163	X							X	X		X				
R-21	Broadwater Hospital	Townsend	Part.	NA	X							X	X		X				
R-22	Barrett Hospital	Dillon	NPA	283	X							X	X		X				
R-24	Bozeman Deaconess	Bozeman	Ch.	643	X							X	X		X				
R-25	Madison Valley	Ennis	NPA	NA	X							X	X		X				
R-25	Sheridan Emergency	Sheridan	NPA	119	X								X				X		
I-7	Silver Bow Co. Hospital	Butte	Co.	625	X							X	X		X				
R-7	Malta Hospital	Malta	NPA	469	X							X	X		X				
STATE TOTALS													40	1	X				

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE

FORM APPROVED
BUDGET BUREAU NO. 68-RS62

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2. DATE	Feb. 10, 1959
3. STATE	MONTANA
4. REGION	

DIAGNOSTIC AND DIAGNOSTIC AND TREATMENT CENTERS SUMMARY

5. POPULATION 682,000	6. TOTAL CENTERS ALLOWED BY STATE RATIO 68	7. TOTAL EXISTING CENTERS 25	8. NET ADDITIONAL CENTERS ALLOWED 43
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AREA	COMMUNITY	NUMBER OF EXISTING CENTERS	DIAGNOSTIC SERVICES		DIAGNOSTIC OR DIAGNOSTIC AND TREATMENT SERVICES						
			X-RAY	CLINICAL LABORATORY	GENERAL	CANCER	DENTAL	MENTAL HYGIENE	ORTHO-PEDIC	T. B.	OTHER
9.	10.	11	12	13	14	15	16	17	18	19	20
R-1	Libby	1	X	X	X						
I-1	Missoula	5	X	X	X	X	X	X	X	X	X
R-6	Conrad	1	X	X	X				X		
I-2	Great Falls	4	X	X	X	X	X	X	X	X	X
I-4	Glendive	1	X	X	X						
I-4	Miles City	1	X	X	X	X	X		X		X
I-5	Billings	4	X	X	X	X	X	X	X		X
R-20	Galen	1	X		X					X	
I-6	Helena	3	X	X	X				X		
I-7	Anaconda	1	X	X	X		X		X		X
I-7	Butte	3	X	X	X	X	X		X		X
STATE TOTAL		25									

ALLOWANCE AND DISTRIBUTION OF DIAGNOSTIC AND TREATMENT CENTERS

Section 53.41 of the PHS Regulations provides that the total number of diagnostic and treatment centers in the State (existing and proposed) shall not exceed one per 10,000 population.

Section 53.42 provides that in determining the need for additional services in a community, services provided by physicians and dentists shall be given consideration. Whenever practicable diagnostic and treatment centers shall be coordinated with existing or proposed hospitals.

PRIORITY FOR DIAGNOSTIC AND TREATMENT FACILITIES

Section 53.77 of the PHS Regulations states: The priority of diagnostic and treatment centers shall be determined after consideration of the following factors in the order of importance as given:

- A. The relative need for additional diagnostic and treatment services in the area to be served by the project, taking into account existing available services.
- B. The extent to which diagnostic and treatment services will be made available to groups of the population which for any reason are less adequately served than other groups of the population.

Basic considerations used in determining priority factors are as follows:

- A. The availability of basic diagnostic and treatment centers in hospitals throughout the State.
- B. The extent to which services are available in local physicians' and dentists' offices.
- C. The extension of laboratory, pathological, and x-ray services of the larger hospitals to the smaller hospitals and local physicians.
- D. The availability of professional staff in the urban centers.
- E. The ability of the larger hospitals to finance and operate multi-service centers.

Priority for Diagnostic and Treatment Facilities (Contd.)

Relative need will be determined within the following general categories:

- Group A - Service areas with no suitable diagnostic and treatment facilities.
- Group B - Intermediate areas with a hospital which needs an acceptable outpatient department.
- Group C - General hospitals in need of additional outpatient facilities for expanded and/or additional services.
- Group D - Areas where no additional organized services are needed.

Prior to approval of any application, need for the facility must be established by supporting information covering all existing diagnostic and treatment services (including those in private offices) available in the communities and justification for additional facilities. Applications for construction projects will be considered in order of their relative priority group.

The highest priority (A) is assigned to Area R-15 which has no acceptable hospital, and as far as is known the minimum basic services are not available. It is recommended that diagnostic and treatment facilities be constructed in that area in connection with a new hospital.

Priority (B) will include the larger hospitals in intermediate areas which serve patients on a statewide basis and where more adequate outpatient departments should be developed.

An amendment dated May 21, 1956, to the previous State Plan assigned a "B" priority to Area I-5, Billings, St. Vincent's Hospital for a new addition as a sub-unit to the General Hospital which includes an organized out-patient department. The addition is presently under construction.

As other needs develop, a more detailed priority schedule can be developed on an area or regional basis.

REHABILITATION FACILITIES

Section 53.1 of the PHS Regulations defines a rehabilitation facility as "A facility providing community service which is operated for the primary purpose of assisting in the rehabilitation of disabled persons through an integrated program of medical, psychiatric, social and vocational evaluation and services under competent professional supervision. The major portion of such evaluation and services must be furnished within the facility; and the facility must be operated either in connection with a hospital or as a facility in which all medical and related health services are prescribed by, or under the general direction of persons licensed to practice medicine or surgery in the State."

Information on Rehabilitation Services - In Lieu of Form PHS 5-3.

A Rehabilitation unit is included in an addition to the St. Vincent Hospital at Billings. This will be the only rehabilitation facility which will meet the definition, as set forth for planning purposes, in Montana. The various groups interested in rehabilitation services have planned their respective programs of service, which have been given without facilities wherein coordinated services in the four major fields of treatment could be offered. Local pediatricians, orthopedist, surgeons, social workers and nursing personnel have been used wherever possible.

The Division of Child Health Services of the State Board of Health offers diagnostic case-finding services to children at Crippled Children's Clinics. These are held once or twice a year in twelve to sixteen areas of the state, depending on caseload. Any child with a handicapped condition can be referred by the family physician, public health nurses, social workers or teachers. Usually the clinics are held in the same location, in hospitals or health departments, with access to diagnostic laboratory and X-ray facilities. The clinic teams consist of an orthopedic surgeon, pediatrician, an orthopedic nursing consultant from the State Board of Health, local public health nurses and local welfare workers.

The recommendations based on findings at the Clinics may be carried out through the family physician. If further diagnostic workup or treatment facilities are needed, this can be arranged for in one of the larger towns nearest the child's home. These facilities include speech therapy, occupational therapy, physical therapy, mental hygiene evaluation and/or therapy, surgery or medical follow-up. The families of children needing these services, but not able financially to obtain them, apply to the Division of Child Health Services for aid. All the above facilities are not available in one building, but are available within short distances in one town (i.e., Missoula, Great Falls, Butte, Billings, Helena).

Shodair Crippled Children's Hospital in Helena has facilities used by the Division of Child Health Services for in-patients, or out-patients for nursing supervision, physical therapy, occupational therapy, orthopedic and pediatric and otolaryngologic supervision and education.

There are three Cleft Palate teams (Great Falls, Helena, Billings), sponsored by the Division. All Cleft Palate children in Montana are eligible for evaluation by the team, which consists of surgeon, orthodontist, prosthetist, pediatrician, speech and hearing therapist and orthopedic nursing consultant. Treatment recommended by the team is carried out, for the most part, by members of the team (if the case is accepted for financial aid), except in a few cases where facilities are available locally. Two teams use

REHABILITATION FACILITIES (Contd.)

mental hygiene facilities available in Great Falls and Billings; the Helena team uses the facilities closest to the child's home. The Great Falls team meets in the Health Department, the Helena team meets at Shodair Hospital, and the Billings team meets in the Cerebral Palsy Center in Billings.

The Center for Cerebral Palsy and Handicapped Children is a joint project of the Montana State Board of Health, the Eastern Montana College of Education and the Billings school system. The Billings Kiwanis Club supports the Center financially for certain needs. The Center is housed in the Eastern Montana College of Education. It provides educational facilities, physical therapy, occupational therapy, speech therapy, orthopedic and pediatric supervision, psychologist, public health nursing, and has access to mental hygiene facilities within one half block of the Center. It has consultative services of all other medical specialties present in Billings, and diagnostic tests (electroencephalogram, etc.) through two hospitals in Billings. There is no residence hall for children enrolled in school. All these children live in the Billings area, in their own homes, or in foster homes. Out-patient clinics serve the entire state, with referral back to the local community for follow-up care between clinic visits. Often there are no local facilities and the child is either referred to one of the nearest facilities or the family must return to Billings for care.

A Rheumatic Fever and Heart Diagnostic Center is maintained by the State Board of Health with the out-patient office in the City-County Health Department in Great Falls. Equipment has also been purchased and installed in the Deaconess Hospital in Great Falls for in-patient diagnostic work. The Center serves all Montana physicians on a diagnostic and consultative basis and all patients must be referred to the Center by a physician in Montana. Routine studies are made there which include a careful history, physical examination, electrocardiogram, complete laboratory blood work, fluoroscopic examination and nurse interviewing. Patients are taken from the Center to the Deaconess Hospital where they are studied by a team of medical specialists. Procedures at the Hospital Center consist of cardiac catheterizations and angiocardiology. These procedures make it usually possible for the physicians to determine the exact defect in the patient's heart, and thus if so indicated corrective surgery can be recommended. Reports are made to the referring physician. Heart surgery is not done at the Center or by any of the diagnostic team. The patient and his own physician determine how, when, and where to follow the recommendation as in any other type of consultation service.

Through its Crippled Children's program, the Division helps financially with all types of handicapped conditions of children not covered by other agencies. Very few cases (congenital heart disease, rare urinary anomalies of small infants, and some plastic surgery) are sent out of the state for care. In-state hospitals used by the Division are in Billings, Butte, Great Falls, Helena and Missoula. These are the towns where 73 of the 77 program physicians are located. This includes the specialties of orthopedics, pediatricians, internal medicine, neurology, neurosurgery, urology, chest surgery, plastic surgery, general surgery, otolaryngology, ophthalmology, orthodontia, prosthodontia, radiology and anesthesia. Facilities for physical therapy, occupational therapy, speech therapy and (except for Helena) mental hygiene therapy, are also available in these towns, either in a hospital situation or other facility. Except for Shodair Hospital in Helena, and the Cerebral Palsy Center in Billings, these are not housed in one unit.

REHABILITATION FACILITIES (Contd.)

The Montana Society for Crippled Children has been interested for several years in developing various types of diagnostic treatment and rehabilitation services for handicapped people, with the principle interest on children. The Society has, at present, under construction at Great Falls an out-patient "Rehabilitation Center" which they state will provide the following facilities and services: speech and audiology; medical examination and evaluation rooms; dental evaluation room; Medical Director's Office; kitchen and dining facilities; Administrative offices; psycho-social department; special education department with one class room for ungraded physically handicapped children and one room for pre-school children; children's functional gymnasium and physical therapy treatment booths; a complete hydro-therapy department with a therapeutic pool, Hubbard tank and whirlpool baths; an adult gymnasium and physical therapy treatment booths, and occupational and pre-vocational training department. The Society has indicated their plan to construct similar "Centers" in Butte and other cities in Montana. It currently operates, through rented or loaned space, physical therapy services in Butte, physical and speech therapy in Great Falls, speech therapy in Billings, and a mobile hearing and speech unit sponsored by Montana Elks Lodges.

The State of Montana maintains, under the direction of the State Board of Education, a school for blind and deaf children who are unable to make satisfactory progress in the public schools. Children between the ages of 6 to 18 are eligible for admittance, however, no student who has completed high school may be enrolled.

The State Welfare Department supervises rehabilitation services for the adult blind. It is estimated that there are approximately 1,200 blind persons in the State of which approximately 50% are 60 years of age and over, with approximately 400 receiving public assistance. The Department provides vocational rehabilitation services to 75 to 100 blind annually. Local physicians and ophthalmologists are used on an individual basis for consultative and medical services. If it is necessary to refer a patient to an out of state specialist, it is on the recommendation of the state ophthalmologist supervisor.

The Montana Association for the Blind sponsors a six-week course at Montana State College each year. The course includes group living, a home teaching program and various aspects of vocational training.

REHABILITATION FACILITIES SUMMARY

1.	Page <u>1</u> of <u>1</u>
2.	DATE <u>3/10/58</u>
3.	STATE <u>Montana</u>

4. POPULATION <u>660,000</u>	5. TOTAL FACILITIES ALLOWED BY THE STATE RATIO FOR EACH TYPE OF DISABILITY <u>2</u>
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6. ADDITIONAL FACILITIES PROPOSED:

COMMUNITY A.	DESCRIPTION OF FACILITIES AND SERVICES TO BE PROVIDED B.
	<p>Considerable study is yet necessary before a detailed construction program can be projected in Montana. The Montana Health Planning Council has appointed a sub-committee to study the "Coordination of Activities for the Handicapped" as a basis for the coordination of the various interested groups in planning for new construction and services.</p> <p>The sub-committee of the Montana Health Planning Council made a recommendation that the State Board of Health call a statewide conference to discuss services for the handicapped. This conference was held in Helena on January 7, and 8, 1957. No definite conclusions were reached at this conference. A second conference held on April 8 and 9, 1957, resulted in the appointment of a committee to prepare a constitution for a state organization. The third conference held on January 16 and 17, 1958, adopted the constitution and elected officers for the Montana Association for Rehabilitation. The first annual session of this new organization will be held in Butte, May 8 and 9, 1958.</p> <p>It is currently proposed by the State Board of Health and the Advisory Hospital Council that one principal rehabilitation center rendering comprehensive evaluation and services for multi-disabilities for both in-patients and out-patients be constructed in one of the larger urban centers. Several lesser centers, including in-patient and out-patient services of the multi-disability type, but serving less severe cases, should be located in the State (in connection with an existing hospital) as satellite facilities; if qualified staff for all required services is obtainable, it is possible that supervision might be given from the central facility with a staff team serving several centers.</p> <p>As a result of the January 7 and 8, 1957, meeting, and subsequent meetings, the State Board of Health adopted the recommendation of the Advisory Hospital Council that applications for these centers will be considered from the communities: Billings, Butte, Great Falls, Havre, Helena, Kalispell, Miles City, or Missoula. A Rehabilitation Unit is presently under construction in a new addition to the St. Vincent Hospital at Billings. Upon completion, this will be of the multi-disability type providing in-patient and out-patient services for children and adults. It is yet to be determined whether this is to be a satellite, or to be further developed as a principal rehabilitation facility as defined above.</p> <p>The Hospital Advisory Council on March 3-4, 1958, and the State Board of Health on March 8, 1958, after considerable discussion decided not to amend this portion of the Plan as adopted for 1957.</p>

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICES

Form approved
Budget Bureau No. 68-9500

Page 1 of 1

2. DATE
2/14/58

3. STATE
Montana

INVENTORY OF REHABILITATION FACILITIES

		4. DATE OF INVENTORY														Montana							
NAME OF FACILITY	LOCATION (city or town)	CLASSIFICATION ¹ (code)	OWNER- SHIP OR CONTROL (code)	AVERAGE DAILY CASELOAD		NUMBER OF INDIVIDUALS SERVED DURING YEAR	AGE GROUPS SERVED (check)		DISABILITY GROUPS SERVED (check)										SERVICES ² (Code)				
				INPATIENT	OUTPATIENT		UNDER 16	OVER 16	DEAF	BLIND	TUBERCULOSIS	CARDIAC	ORTHOPEDIC	NEUROLOGICAL	OTHER	MEDICAL	PSYCHOLOGICAL	SOCIAL	VOCATIONAL				
5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24				
St. Vincent Hospital	Billings	S	Ch.	*	*	*	*	*	X			X	X	X	X	A,B, C,D, E,F, G,H, I,J, L,M,	N	O P Q R	STUVW				
*Not Known - Under Construction																							

*Not Known - Under Construction

¹ CLASSIFICATION
CODE

S - Suitable
R - Replaceable
U - Unsuitable

² CODE
FOR
COLUMNS
21
THROUGH
24

MEDICAL

A - Phys. and Med. Eval.
B - Medical Supervision
C - Physical Therapy
D - Occupational Therapy
E - Speech Therapy
F - Audio, vis., incl. lip reading

G - Prosthetics Brace Fit.

H - Psychiatric
I - Dental
J - Nursing
K - Physical Education
L - Medical Consult.
M - Recreational Ther.

PSYCHOLOGICAL

N - Evaluation
O - Evaluation
P - Social Casework
Q - Social Groupwork
R - Recreation (Non-Med.)

VOCATIONAL

S - Evaluation
T - Vocational Counsel.
U - Pre-voc. Exp.
V - Special Educ.
W - Voc. Tr.
Y - Sheltered Emp.

Z - Travel training for
Blind

74(A)



INVENTORY OF REHABILITATION AND REHABILITATION SERVICES IN EXISTING HOSPITALS

*T - Vocational Counseling available upon request from the State Bureau of Voc. Rehab.

4. DATE OF INVENTORY

MONTANA

NAME OF FACILITY	LOCATION (city or town)	CLASSIFICATION (code)	OWNER- SHIP OR CONTROL (code)	AVERAGE DAILY CASELOAD		NUMBER OF INDIVIDUALS SERVED DURING YEAR	AGE GROUPS SERVED (check)			DISABILITY GROUPS SERVED (check)											SERVICES PROVIDED			
				INPATIENT	OUTPATIENT		UNDER 16	OVER 16	DEAF	BLIND	TUBERCULOSIS	CARDIAC	ORTHOPEDIC	NEUROLOGICAL	OTHER	MEDICAL	PSYCHOLOGICAL	SOCIAL	VOCATIONAL					
5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24					
I-1 Memorial Hospital	Missoula	R	NPA	X	X	N.A.	X	X					X		X	BCGJM	N	OPR	*T					
I-1 N.P.B.A. Hospital	Missoula	S	NPA	X	X	N.A.		X					X		X	ABCGIJM	N	OR	*T					
I-1 St.Patrick Hospital	Missoula	S	Ch.	X	X	N.A.	X	X					X	X	X	ABCGIJM	N	OR	*T					
I-2 Columbus Hospital	Great Falls	S	Ch.	X	X	N.A.	X	X				X	X	X	X	ABCGHIJM	N	OR	*T					
I-2 Montana Deaconess	Great Falls	S	Ch.	X	X	N.A.	X	X				X	X	X	X	ABCGHIJM	N	OR	*T					
I-4 Miles City Hospital	Miles City	S	Ch.	X	X	N.A.	X	X					X		X	BCJ	N		*T					
I-5 Deaconess Hospital	Billings	S	Ch.	X	X	N.A.	X	X					X		X	BCGIJ	N	OR	*T					
I-6 Shodair Hospital	Helena	S	NPA	X	X	N.A.	X	X					X		X	ABCDEGLJM	N	OQR	*T					
I-7 St. Ann's Hospital	Anaconda	S	Ch.	X	X	N.A.	X	X					X		X	ABCEGLJM	N	OR	*T					
I-7 St. James Hospital	Butte	S	Ch.	X	X	N.A.	X	X					X	X	X	ABCGIJM	N	OR	*T					
I-7 Community Memorial	Butte	S	NPA	X	X	N.A.	X	X					X	X	X	ABCDEGLIJ	N	OR	*T					
1 CLASSIFICATION CODE S - Suitable R - Replaceable U - Unsuitable	2 CODE FOR COLUMNS 21 THROUGH 24	MEDICAL A-Phys. and Med. Eval. B-Medical Supervision C-Physical Therapy D-Occupational Therapy E-Speech Therapy F-Audio,ser.incl.lip reading		G-Prosthetics Brace Fit. H-Psychiatric I-Dental J-Nursing K-Physical Education L-Medical Consult. M-Recreational Ther.		PSYCHOLOGICAL N-Evaluation O-Evaluation P-Social Casework Q-Social Groupwork R-Recreation (Non-Med.)		VOCATIONAL S-Evaluation T-Vocational Counsel. U-Pre-voc- Exp. V-Special Educ. W-Voc. Tr. Y-Sheltered Emp.		Z-Travel training for Blind														

PROVISION FOR DISTRIBUTION OF REHABILITATION FACILITIES

Section 53.51 of the PHS Regulations provides that the number of integrated service units existing and proposed for each disability, whether in multiple disability type facilities or single disability type facilities shall not exceed one for the first 300,000 population and one for the major fraction of each unit thereof of 300,000 population in excess thereof. Within such limitations it may expand existing facilities for a greater volume or greater variety of such services.

Section 63.52 states that in determining the need for additional rehabilitation services as a basis for distribution of rehabilitation facilities, consideration shall be given to rehabilitation services provided in existing facilities regardless of whether such facilities are rehabilitation facilities as defined in the Act. Whenever practicable, rehabilitation facilities shall be constructed in centers of population and in close proximity to medical centers.

PRIORITIES

In accordance with the provision of Section 53.78 of the PHS Regulations the priority of rehabilitation facility projects shall be determined after consideration of the following factors in the order of importance as given:

- A. Relative need for additional rehabilitation services in the area to be served by the project, taking into account existing rehabilitation services and giving special consideration to:
 - 1. Projects located in medical centers, medical schools, or universities with medical schools or medical centers; and
 - 2. Projects providing a multiple disability service as differentiated from those providing a single disability service.
- B. The extent to which rehabilitation services will be made available to groups of the population which for any reason are less adequately served than other groups of the population.

Prior to approval of any application need for the facility must be established by supporting information covering all existing rehabilitation services available in the community to be served and justification for the additional facility desired.

METHODS OF ADMINISTRATION

PUBLICATION OF STATE PLAN

Prior to the submission of the State Plan and/or its annual revision to the Surgeon General it will be reviewed by the Advisory Hospital Council and the State Board of Health. A general description of the provisions included in the Plan and a reasonable notice of a public hearing, at which interested persons or organizations will be given an opportunity to be heard, is published. After the Plan is approved by the Surgeon General, a general description of its provisions will be published in newspapers having general circulation throughout the state.

The approved State Plan will be available at all times at the State Board of Health for examination by all interested persons or organizations.

PROJECT CONSTRUCTION SCHEDULES

Subsequent to approval of the State Plan by the Surgeon General of the U. S. Public Health Service, the State Board of Health will develop a project construction schedule for the fiscal year covered by the Plan. Projects will be included in the project construction schedule giving consideration to the following factors:

1. The priority of the project as determined in accordance with the principles outlined in the State Plan for determination of need.
2. The intent of the sponsoring agencies to begin construction within a reasonable length of time.
3. The ability of the sponsoring agency to meet the financial requirements for construction, maintenance, and operation of the proposed facility. Assurance must be given that sufficient funds are available for initial supplies, pay-rolls, etc. required to place the hospital in operation. In accordance with the PHS Regulations, the sponsoring agency for a new project must present an operating budget to assure financial ability for the two year period immediately following its completion.

Assurance must be given by the sponsoring agency that the operating organization or method of operation has been determined, and that equipment lists for Group I, II, and III will be submitted to the Montana State Board of Health shortly after plans and specifications have been submitted, or within sixty days after awarding construction contracts.

4. The maintenance of an appropriate balance in the construction of various categories of facilities (namely: General, Tuberculosis, Mental, Chronic Disease Hospitals, and Public Health Centers). The balance between categories in facilities need not be reflected in each Project Construction Schedule, however, construction which is scheduled under the program will reflect an appropriate balance between the various categories of facilities.

Project Construction Schedules (Contd.)

If a project is removed from the Project Construction Schedule by the State Board of Health, the Schedule will be revised to include the next highest priority project which meets the requirements for inclusion. After the approval of the Schedule, a project will not be removed therefrom except when an applicant must be dropped for any one of the following reasons:

1. Failure to submit required documents.
2. Failure to comply with the present rules and regulations, such as inability to meet the financial requirements or failure to prepare plans and specifications.
3. Voluntary withdrawal.
4. When final hospital construction costs are determined through opening of bids, and are found to exceed the estimated costs and the sponsor lacks adequate funds to meet their share of the costs, the project shall remain on the Schedule for the balance of the fiscal year, but for not less than an additional 120 days in order to secure additional time to obtain additional funds.
5. Projects removed from the Schedule may be reinstated upon demonstration by the sponsor that adequate funds are available in accordance with provisions of the State Plan.

The fact that a project is excluded from the Project Construction Schedule for any one of several reasons will not change the project priority rating, and such projects will be considered for inclusion in each succeeding Project Construction Schedule.

The total amount of Federal funds allocated to projects listed on the Construction Schedule from any one fiscal year will be limited by the Federal allotment to the State for that particular fiscal year.

CONSTRUCTION STANDARDS

The Montana State Board of Health has issued minimum general standards for construction and equipment for new construction of hospitals and medical facilities. These meet all minimum standards as set forth in Appendix A as amended in the PHS Regulations.

Until minimum standards for construction of medical facilities are promulgated by the Montana State Board of Health the minimum standards as set forth in Appendix A, PHS Regulations shall apply.

Copies of these standards will be made available to architects and sponsors involved in construction.

INSPECTION BY STATE AGENCIES

When a request for payment of an installment is made by a sponsor, as a basis for certification by the State Agency that payment of an installment is due, the State Agency, without expense to the Federal Government, will make inspections of the project to determine that the work has been performed upon a project, or purchases have been made as claimed by the applicant in accordance with the approved plans and specifications.

CONSTRUCTION PAYMENTS

Requests for construction payments shall be submitted by applicants to the State Board of Health at the times prescribed by Section 53.128(a) of the Regulations, as amended. Under existing law the State is authorized to make payments of Federal funds to all types of eligible applicants. Federal funds shall be paid to the State Treasurer. The State will promptly remit, or credit, all payments of Federal funds received by the State for payment to applicants for approved construction projects.

ESTABLISHMENT OF PERSONNEL STANDARDS

The Medical Facilities Construction Program will be administered in accordance with the Merit System requirements as set forth in the PHS Regulations, Appendix B and Health Grants Manual, Part 14-1. A copy of the Montana Merit System Regulations is on file with the Public Health Service.

FISCAL AND ACCOUNTING PROCEDURES

The State Board of Health will comply with the provisions of Section 53.129 of the PHS Regulations by maintaining the necessary accounting records and controls, and requiring applicants for Federal funds to maintain adequate fiscal records and controls.

The State Board of Health agrees that it will retain on file all documents coming into its possession which relate to any expenditure under the Act as amended. In addition, the State Board of Health will take such steps as are necessary to assure that the applicants will retain all relevant and supporting documents and will establish suitable property inventory records covering all equipment of more than nominal value. The State Board of Health further agrees that it will retain the accounting records, controls, and documents as described above for a period of at least one year upon its participation in the program, and will take necessary steps to assure that applicants retain such documents for a period of at least two years after the final payment of Federal funds.

FEDERAL SHARE

The State Board of Health has adopted the rate of Federal participation for Part C and Part G of the Act as amended as follows:

- (A) Part C - 40% for 1959 fiscal year funds.
40% for 1960 fiscal year funds.
- (B) Part G - 40% for 1959 fiscal year funds.
40% for 1960 fiscal year funds.

FLEXIBILITY OF ALLOTMENTS

In accordance with the provisions of PHS Regulation Section 53.91, at any time subsequent to thirty days after the allotments are made for any fiscal year under Part G the State Board of Health may submit a request, in writing, to the Surgeon General that its allotment, or a specified portion thereof for Diagnostic and Treatment Centers, for Chronic Disease Hospitals or for Nursing Homes be added to the allotment for one or both of the other categories. Such a request would be accompanied by a certification of the State Board of Health that it has afforded reasonable opportunity to prospective project applicants to make application for the utilization of funds in the specific category for which such funds were ordinarily allotted, and that there have been no approvable applications for the funds sought to be transferred to the other category or categories.

TRANSFER OF ALLOTMENTS

In accordance with provisions of Section 53.92 of the PHS Regulations the State Board of Health may, under certain circumstances, request a transfer of its allotment for any type of facility or a specified portion thereof under Part G of the Federal Act, to the corresponding allotment of another state for the purpose of meeting a portion of the Federal share of the cost of a project of that type in such other state. Such written request to the Surgeon General (or to the Surgeon General and the Secretary of the Department of Health, Education, and Welfare, in the case of Rehabilitation Facilities) which indicate that the needs of the state to which the funds were originally allocated will best be served by facilities in the state to which the transfer is being requested.

MINIMUM STANDARDS OF MAINTENANCE AND OPERATION

The State Board of Health has adopted regulations prescribing minimum standards of maintenance and operation for all licensed hospitals operating in the State. Any Diagnostic and Treatment Centers, Rehabilitation Facilities, or Nursing Homes, when completed under the Act, will be operated and maintained in accordance with standards of maintenance and operation which are, or may be, prescribed by the State Board of Health for such facilities.

FAIR HEARING

Upon petition, the State Board of Health will provide an opportunity for a fair hearing before the State Board of Health to every applicant who has requested Federal aid for construction of any of the medical facilities included in the Act, and who is dissatisfied with any action of the State Board of Health regarding the application.

Actions of the State Board of Health which entitle applicants to a hearing include the following:

1. Denial of opportunity to make formal application.
2. Refusal to consider an application.
3. Rejection or disapproval of an application.

FAIR HEARING (Contd.)

Appeals from decisions or actions of the State Board of Health must be made by the appellant, in writing, within thirty days of the date of the adverse decision by the State Board of Health.

The appellant will be notified, in writing, of the time and place of the hearing which will be determined by the State Board of Health and be reasonably convenient for the appellant.

The appellant is entitled to be represented by friends or counsel as he so desires. The appellant and other persons interested and concerned with the State Board of Health's decision are entitled to present pertinent evidence in the way desired, subject to reasonable procedures of admissibility and methods of presentation.

The decision of the State Board of Health will be made, in writing, within thirty days from the date of the hearing and will be based on the evidence presented at the hearing.

A record of the hearing will be made, and upon request of the appellant, will be made available for examination.

ANNUAL REVISION OF THE STATE PLAN

The State Board of Health will, from time to time as necessary, but at least annually, revise the over-all construction program for hospitals, public health centers, diagnostic and treatment centers, rehabilitation facilities and nursing homes.

Annually, at a time fixed by the Surgeon General, the State Board of Health will revise the State Plan in accordance with U.S. Public Health Service Regulations.

NON-DISCRIMINATION REQUIREMENTS

No application for construction of medical facilities under the Act will be approved under this Plan unless the applicant includes therein the following or similar statement: "The applicant hereby assures the State Agency that no person in the area will be denied admission as a patient to the facility on account of race, creed, or color".

MEDICAL SERVICES FOR PERSONS UNABLE TO PAY THEREFOR

No application for hospital, diagnostic and treatment center, rehabilitation facility or nursing homes will be approved or recommended by the Montana State Board of Health unless the applicant assures the State Board of Health that a reasonable volume of free patient care will be furnished.

STATUS OF PROJECTS
INCLUDED IN PROGRAM TO DATE

Project No.	Hospital	Location	Orig.No. of Beds	Licensed Beds	Status
<u>PART C - General Hospitals</u>					
M-1	Fallon Co.Hospital	Baker	19	20 A/	Completed & Occupied 1/
M-2	Toole Co.Hospital	Shelby	20	30 A/	" " 1/
M-3	McCone Co.Hospital	Circle	10	10	" " 1/
M-4	Teton Mem.Hospital	Choteau	25	27 F/	" " 1/
M-5	Sweet Grass Com.Hosp.	Big Timber	10	17 B/	" " 1/
M-6	Glacier Co.Mem.Hosp.	Cut Bank	36	43 A/	" " 1/
M-7	Malta Hospital	Malta	30	30	" " 1/
M-8	Garfield Co.Hosp.	Jordan	17	22 A/	" " 1/
M-9	Carbon Co.Mem.Hosp.	Red Lodge	26	29 D/	" " 1/
M-10	Livingston Com.Hosp.	Livingston	52	58 D/	" " 1/
M-11	Daniels Mem.Hosp.	Scobey	17	20 D/	" " 1/
M-12	Granite Co. Hosp.	Phillipsburg	10	14 A/	" " 1/
M-13	Wheatland Mem.Hosp.	Harlowton	15	31 C/	" " 1/
M-14	Sanders Co. Hosp.	Hot Springs	19	21 D/	" " 1/
M-15	Roosevelt Mem.Hosp.	Culbertson	10	24 B/	" " 1/
M-16	Sheridan Mem. Hosp.	Plentywood	21	24 D/	" " 1/
M-17	St.John's Luth. Hosp.	Libby	26	34 A/G/	" " 1/
M-18	Roundup Mem. Hosp.	Roundup	18	17 A/	" " 1/
M-19	Columbus Hospital	Great Falls		213 Z/	" " 1/
M-20	St.Ann's Hospital	Anaconda	37	99 G/	" " 1/
M-21	State Lab. Bldg. Virus Laboratory	Helena			" " 8/
M-22	St.John's Hosp.	Helena	85	85	Addl.Alterations
M-23	Teton Mem. Hosp.	Choteau	Refer to M-4		Remodel. & Constr. 4/
M-24	St. Peter's Hospital	Helena	23	73	Completed & Occupied 8/
M-28	Dahl Mem. Hos.	Ekalaka	16	16	" " 1/
M-29	Hotel Dieu Hospital	Polson	40		Under Construction
M-32	St.Clare Hospital	Ft.Benton	19		" " 10/
M-33	Big Horn Co.Com.Hosp.	Hardin	14		" " 10/
M-34	St.John's Luth. Hosp.	Libby	Refer to M-17		Completed & Occupied 1/
M-36	Cascade Co.Conv.Hosp.	Great Falls			Under Construction 5/
<u>PART G - Medical Facilities</u>					
M-25	Rosebud Co.Nursing Home	Forsyth	16	24 B/	Completed & Occupied 8/
M-26	St.Vincent Hospital	Billings		180 7/	Constr.near Completion
M-27	Immanuel Lutheran Home	Kalispell	70	70	Completed & Occupied 1/
M-30	Toole Co.Nursing Home	Shelby	34	34 9/	" " 8/
M-31	Liberty Co.Nursing Home	Chester	10	20	" " 8/
M-32	St. Clare Hospital	Ft.Benton	16 10/		Under Construction
M-33	Big Horn Co.Com.Hosp.	Hardin	10 10/		" " "
M-35	Silver Bow Co.Gen. & Chronic Disease Hosp.	Butte	114 10/		Under Construction
M-36	Cascade Co.Conv.Hosp.	Gt.Falls	120 5/		" " "

Status of Projects (Contd.)

- 1/ Project Officially Closed.
- 2/ Laboratory Facilities and Recovery Room.
- 3/ State Board of Health Laboratory - Statewide Services.
- 4/ Extensive Laboratory Facilities - Elevator and Dietary Facilities.
- 5/ Public Health Center combined with other facilities.
- 6/ Extensive Radiology Department.
- 7/ Addition to General Hospital for Rehabilitation, Diagnostic and Treatment Facilities.
- 8/ Final Audit Pending.
- 9/ Addition to General Hospital.
- 10/ General Hospital and Nursing Home Combination.

- A/ Rearrangement of Facilities and Services.
- B/ Additional Beds Constructed with Local Finances.
- C/ Remodeling Ground Floor for Additional Beds.
- D/ Reassignment of Beds.
- E/ New Addition under Construction.
- F/ Isolation Facilities - Additional Construction.
- G/ Additional Construction & Remodeling.



